

A School Crisis Response Study

by

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A Practicum Report

Presented to the Faculty of Graduate Studies, University of Manitoba
In Partial Fulfillment of the Requirements for the Degree of

MASTER OF SOCIAL WORK

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Abstract

This practicum utilized an exploratory qualitative research design to explore the Child Guidance Clinic's role in crisis response plans. A multiple case study approach utilizing interviews with key informants who were involved in crisis response plans in The Winnipeg School Division was used. A total of twelve different respondents involved in six different cases were interviewed. The practicum included the design and development of the research plan, implementation of the plan, analysis of findings, and development of a strategy for utilization of findings. The common themes from the findings are presented under the five key topic areas explored in the evaluation:

- The crisis response process
- Things that worked well in the case studies explored
- Things that didn't work well in the case studies explored
- Overall opinions and areas of concern
- The process of personally debriefing after a crisis response

Results illustrate the process of crisis response in The Winnipeg School Division and indicate that the crisis response model used is generally appreciated and effective. Implications which could strengthen CGC's involvement in crisis response plans are also presented.

Acknowledgments

Throughout this process I have been extremely fortunate to be surrounded by many people who contributed to the completion of this research project. It is with gratitude that I wish to thank them.

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Chapter 1

Introduction and Overview of the Practicum

Sadly, crises occur in our schools. These crises encompass, but are not limited to school violence, an untimely death of a student or a staff member from a car accident, suicide or terminal illness. As a result of these incidences, most divisions and schools have developed a school crisis response plan. The Winnipeg School Division is no exception. What is unique about their model, compared to other school divisions is the role that the Child Guidance Clinic (CGC) plays in school crises. It is CGC's role of providing crisis intervention support in the larger school response plan that is the focus of my research and this report.

The purpose of this practicum, which is designed in part as an evaluation research project, is to study the process that the Child Guidance Clinic utilizes in response to crises that occur within The Winnipeg School Division. To accomplish this, I employed a multiple case study approach using interviews with key informants who are involved in crisis interventions. As this study is exploratory and concerned with what works and why, the design is qualitative and will make use of qualitative interviews. Case studies where staff have provided interventions were selected and in-depth interviews conducted with clinicians.

What follows in this introductory chapter is a brief description of the practicum setting, the importance of the study and the goals of the practicum.

Chapter two is concerned with the various elements of literature related to my study. The third chapter provides details of the implementation plan. Chapter four highlights the results of the research. The fifth chapter provides a personal evaluation of the practicum. Finally, the last chapter explores how information from the research was utilized.

1.1 Practicum Setting

The Child Guidance Clinic is a joint education and mental health agency administered by the Winnipeg School Division. CGC also offers their services in the following school divisions: Louis Riel, River East Transcona, and Seven Oaks. Their primary goal is to serve as a student-based support system offering multi-disciplinary professional services in psychiatry, psychology, social work, and audiology, speech and language and in some areas reading. Referrals for these needs are made by school personnel, parents, social agencies and physicians.

One of the roles of CGC is to provide extra support if crises occur. Schools are encouraged to involve CGC in the crisis response plan as set forth in the crisis response guidelines provided by the school division. When a critical incident occurs in The Winnipeg School Division, the school administrator will usually call the CGC Area Service Director (ASD). There are five different ASDs who represent the areas of Central, Inner-city, North, South and the Exceptional Care Unit. The ASD, and usually both the school social worker and school

psychologist, will meet with the administrator to determine what involvement CGC will have. In this manner, CGC functions as a part of the school's overall response plan. As the nature of each incident and relationship with each school may differ, CGC's role in the crisis response plan varies from school to school.

To help me better understand the culture and dynamics at CGC and The Winnipeg School Division, I met with an Area Service Director (ASD) to discuss the context of these two entities. It was noted that as clinicians are not in the school on a permanent basis, there can be some variations in dynamics that emerge. At times the clinicians may not be seen as an appropriate front line responder because of the limited time some clinicians are assigned in a particular school. In the case of crises, if there is a distant relationship between the school and the clinicians, it can make working with the crisis response plan more difficult. In other cases, this dynamic doesn't exist. I was told that it is felt that there is a spectrum of responses to how CGC is viewed by different school personnel.

Another element to note is that there are schools in the division that have more need than others for clinical services provided by CGC. However, funding and time allocated for clinical work in schools is based on student population. The more students in a school, the more clinical time is allocated to that school. This formula doesn't fully take into account the possibility that another school might have fewer students, but more need for service. Many schools face a variety of issues that could benefit from more clinical resources. The intensity of the work in a certain school may therefore be of a greater scale than another.

The high intensity of needs that exists in the service area of CGC are complex and varied. These needs may stem from poverty, a high percentage of single parented homes, a very transient population, and/or many other issues. Thus, the crisis response plan from one school to the next may vary because of specific realities of a given community.

1.2 Importance of Study

The development of The Winnipeg School Division's crisis response plan, which happened in 1998, had its roots the aftermath of several major critical incidents that occurred in the Division. These incidents combined with major events that occurred on the global stage was the setting in which the crisis response plan evolved. The development of this response was a collaborative effort between various staff in The Winnipeg School Division, including people from CGC. Although there had always been critical incidents in the division, the impact of the global occurrences served to make the division more aware of the need for a more formal response plan.

Shortly after the development of the plan two major critical incidents occurred in North America. One was the shooting in Columbine, Colorado and the other was the shooting in Taber, Alberta. Since the development of The Winnipeg School Division's school crisis response plan incidents such as these have highlighted the importance of why an effective school crisis response plan is needed, and in turn why it is important to evaluate this plan.

The Child Guidance Clinic has a very unique role in The Winnipeg School Division's school crisis response plan. They are an agency that functions under the umbrella of the school division, but they are also somewhat autonomous. This reality places them, be it real or perceived, somewhere on a continuum between an internal and external resource.

CGC evaluates their role in school crisis response informally through general feedback from clinicians to ASD. However, a formal evaluation has not occurred before. This study was regarded as important by this agency because more research was needed in order to gain an understanding as to the effectiveness, value and possible limitations of the role CGC has in The Winnipeg School Division school crisis response plan. CGC originally expressed interest in this research project because they hoped it would give administrators feedback that will benefit their continued effort to respond effectively to the unfortunate crises that occur in The Winnipeg School Division.

While there was no specific incident or concern that initiated this research, there was a desire to know how CGC's role in school crisis response plans is perceived by clinicians. As well, there was the recognition from CGC administrators that this evaluation presented a confidential way in which clinicians could share opinions about their role in crises. Furthermore, by participating in this research, CGC was demonstrating to the schools they serve that their role in school crisis response plans is taken very seriously.

1.3 Goals of Practicum

The overall learning goal of this practicum was threefold. One was to learn about school crisis responses. This area of intervention is of interest to me because of my larger interest in issues that effect children and youth. Second was to gain a better understanding of the theoretical and practical foundations of program evaluation. Third was to explore concepts about the utilization of research. In short, by using evaluation tools I hoped to understand the specific role that CGC has in the school crisis response plan, with the desire that my research findings will be utilized. On a practical level, the learning objectives associated with these goals were:

- To become familiar with the literature related to models of school crisis intervention;
- To expand my knowledge in the area of evaluation research utilization, so as to be more effective at communicating findings;
- To better understand the role of evaluation research in social work practice;
- To increase my knowledge and skill in program evaluation by reviewing related literature and by designing, conducting and writing up the results from a process evaluation; and
- To develop skills related to the dynamics of conducting an evaluation as it relates to the relationship between researcher and respondent.

All of these goals were important to my learning. The insights gained from learning about school crisis interventions was important to me because this is an area of expertise that I hope to develop. I was interested in program evaluation because of a belief that such evaluations have a positive impact on the functioning of organizations. Gaining some experiences in this area will be beneficial to my future as the knowledge is transferable to a variety of workplace settings. Finally, it is my hope that the research results from this study will be used by CGC, because my energy invested in this project would seem futile if the results of my research serve no purpose other than to meet the requirements for my MSW.

My learning goal with respect to school crisis interventions was met by doing an extensive literature review and by insights gained from interviews with those directly involved in this process. Gaining skills in program evaluation occurred by conducting a literature review on the topic, and by actually doing a process evaluation under supervision. Exploration of the utilization theme in evaluation occurred through both a review of the literature and the opportunity to put this into practice when reporting the results of this evaluation. The opportunity to enhance utilization of this research will happen by providing written results to CGC, meeting with those who participated in the interviews and by being available to meet with CGC administrators to discuss my findings.

Chapter 2

Literature Review

In order to meet my learning objectives, an extensive literature search related to my three primary goals was necessary. This literature review is organized around the three learning goals identified in Chapter 1: models of school crisis response plans, program evaluation, and utilization of research findings.

2.1 School Crisis Response Plan

Crisis

Gilliland and James (1993) define crisis as, "a perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person" (p. 3). Crisis is also defined as a variant of stress so severe that one becomes unable to function effectively (Kalafat, 1990). Roberts (1990) gives five characteristics of a person in crisis:

1. Perceiving a precipitating event as being meaningful and threatening
 2. Appearing unable to modify or lessen the impact of stressful events with traditional coping methods
 3. Experiencing increased fear, tension, and/or confusion
 4. Exhibiting a high level of subjective discomfort
 5. Proceeding rapidly to an active state of crisis - a state of disequilibrium.
- (p. 9)

These definitions of crisis make the assumption that we all exist in a state of balance and when a crisis occurs something happens to cause a state of disequilibrium. Crisis intervention is thus an attempt to maintain and regain the previous balance we had before the crisis. In crisis intervention, emphasis is placed on helping individuals make behavioral changes, mobilize internal and external resources and reduce disturbing effects related to the crises (Roberts, 1990). Roberts (1990) outlines the procedural steps of crisis counseling strategies:

1. Make psychological contact and rapidly establish the relationship.
2. Examine the dimensions of the problem in order to define it.
3. Encourage an exploration of feelings and emotions.
4. Explore and assess past coping attempts.
5. Generate and explore alternatives and specific solutions.
6. Restore cognitive functioning through implementation of action plan.
7. Follow-up. (p. 12)

A crisis in general, is not limited to school settings, thus a school crisis is part of the larger definition of a crisis. These school crises encompass, but are not limited to, school violence, an untimely death of a student or a staff person from a car accident, suicide or terminal illness.

One of the first school crisis incidences in North America that gained prominent attention was the kidnapping of a busload of children in California in the early 1970's. Terr (1983) explored this incident and the school response in detail. He found that after the children escaped their kidnapper, neither the school nor the local mental health officials provided counseling. Five years later he found that 100% of the children involved in the kidnapping had clinical symptoms of depression, fear or anxiety.

School systems have come a long way since the 1970's. There is currently a vast amount of literature around the area of crisis response plans (also referred to as crisis intervention plans). What follows is a description of some key elements of most crisis response plans. While the specific details of crisis response plans vary, most literature generally outlines similar steps. The elements of a model presented presumes the crisis is the death of a student or staff member. Modifications of these points are obviously necessary if the crisis is not a death.

Crisis Response Model

The development of a crisis response plan is the first step needed to have an effective response to crises in the school setting. This plan must be developed before it is actually needed (Schonfeld, 1993). A crisis response plan should include a statement of purpose, an explanation of what the procedures will be and the reasons why the procedures are needed (Garfinkel, 1988). By having a plan in place before a crisis occurs the school is in a much better position to be of greater help to students. Without an effective crisis intervention plan in place, schools will be in danger of not providing adequate services to their students in the event of a crisis. Another value of having a written plan is that it offers some legal protection (Celotta, 1995).

Confirmation that there has been a crisis is important before beginning any crisis response. In the event of an incident which appears to be a crisis, the principal should verify that the crisis has occurred by contacting the police or

other authorities (Garfinkel, 1988). In no circumstances should the statement from a student that there has been a crisis be taken as truth until the crisis has been verified by authorities (Johnson, 1999).

It is important to note that the type of crisis will determine the need to implement the school crisis response plan. Crisis is a very broad term that can be applied to a spectrum of situations. Every crisis that a school encounters would not illicit the need to initiate a school crisis intervention plan. Crisis response plans are most frequently developed with the idea that they would be implemented in cases of crises caused by suicide, untimely death, disasters, or hostile situations.

Meeting with the staff of the school is a crucial step in the crisis response plan. All of the staff members should be notified of the situation, and a staff meeting should be called at the earliest possible time (Klicker, 2000). A staff meeting should follow this notification as soon as possible and should serve to brief staff and reinforce training already provided previously (Johnson, 1999). There should also be an informal refresher training at this meeting before school staff are asked to engage students (Wenckstern & Leenaars, 1993). Celotto (1995) says it is critical that staff members be briefed on what to say to students and how to say it. Furthermore, they need to know how to refer students who need more counseling. In staff meetings clear information and specific instructions are key.

Public relations and dealing with the media are important issues to consider, particularly in crisis situations which capture the attention of the wider

community. Accurate information about the crisis should be communicated to the media by someone trained to handle interviews (Polland, 1994). Reporters should be asked not to interview teachers or students at school (Garfinkel, 1988). Only appropriate information should be given. For example, in the case of death by suicide, Celotta (1995) reports, "Satisfactory coverage includes placement of the story on a back page, no photograph of the victim, a brief mention of a student death but no mention of the method, the steps the school community is taking to assist students and staff, ways to identify others in the community who might be at risk, and the names and telephone numbers of local agencies prepared to help" (p. 401).

Small group support meetings should begin after students are informed, and a counselor should be available to meet one on one with students (Garfinkel, 1988). Cellota (1995) reports that informing students in assemblies or by using the loud speaker can be damaging. She points out that students feel more assured if they hear news from people they know and respect. Also, if news is given in a small group, teachers and counselors can monitor students reactions and refer those who might need more follow-up to counselors. It is important not to underestimate the intensity of reactions from individuals who might be experiencing a post-traumatic stress reaction (Leenaars & Wenckstern 1998). Weinberg (1989) reports that the critical time for intervention occurs directly after the crisis.

There are a variety of methods of counseling and debriefing that can be used in this stage. Leenaars and Wenckstern (1993) suggest that a

professional counselor be assigned to follow the deceased student's class schedule throughout the day and assist the teachers in discussing the death. Mauk and Weber (1991) report that both Art and Language Arts teachers are in a position to provide unique support, in that drawing and writing can help students cope with feelings and thoughts that they are not able to verbalize.

Parents of children often have varying reactions to a crisis and should therefore be reassured that a crisis intervention plan has been put in place (Mauk & Weber, 1991). Leenaars and Wenckstern (1993) suggest that information passed on to parents be in the form of a letter which includes a phone number to call if they have questions. It is also important to remember that parents need to know what signs displayed by their children may indicate the need for further assessment (Cellota 1995).

While there is no specific length of time that crisis response activities should continue, the long-term progress of the school environment should continually be monitored throughout the year (Lepkowski & Roberts, 1998). At some point a formal closure is recommended. While a formal end of the process should be facilitated, students and staff should be informed that help is available if the need arises (Leenaars & Wenckstern 1998).

As mentioned earlier, the points just reviewed are elements of models that make up part of a school crisis response plan. Each school district will have different variations of this plan.

To provide an example, I have included a crisis response plan as presented by Roberts (1990) that took place in the United States. This plan was

in response to a 16 year-old boy who came to school with a loaded shotgun. The boy took two students hostage and later was mortally wounded by gunfire from the local police.

- I. School personnel meeting (same day)
 - A. Fact clarification and information sharing
 - B. Affective discharge and support
 - C. Identification of post-traumatic problems
 - D. Planning of student activities
- II. Student general assembly (next day)
 - A. Fact clarification by school administration
 - B. Question and answer session with police present
- III. Affective discharge (unlimited first period)
 - A. Support offered and received
 - B. Discussion of event led by teachers
- IV. Identification of post-traumatic problems (during first period)
 - A. Outreach to symptomatic students, with special attention given to those students closest to the incident
 - B. Referrals made to school guidance staff, mental health professionals, and local school psychologists
- V. School dismissal (after a half day; full day of classes to be held the next day)
- VI. Follow-up and evaluation
 - A. Further psychological services for all staff and students made available
 - B. Informal evaluation of interventions done with guidance staff (p. 70).

Differing Opinions About Crisis Response Model

In the literature presented there were some differences about how crisis response plans should be developed and implemented. Two of the most common ones were the differences between the methods of information students should hear about the incident, and the use of outside consultants.

While there appears to be consensus that it is best to inform students simultaneously and as early as possible, there are differences about how people

think is the best way to do this. The approach recommended in the above model is that students be notified in small classroom settings. "The small group format also allows more careful scrutiny of students who are displaying a serious acute reaction to the tragedy or who, by virtue of their proximity to the victim(s) or exposure to the incident, may be at greater risk for more serious long-term effects" (Weinberg, 1990, p. 274). Other models call for a general announcement through the public address system (Garfinkel, 1988). Weinberg (1990) has developed objectives and a process for conducting large school assemblies. As mentioned earlier, informing students in assemblies or by using the loud speaker can be damaging and should be avoided (Celotta, 1995, Wenchstern & Leenaars, 1993). Garfinkel (1988) reports that if announcements are given at an assembly, "Questions will arise that cannot be answered, and emotions may get out of control in the large assembly setting" (p. 14).

The differences in the view of outside consultants stems from the belief that although they can be beneficial to schools, they also contribute to the reluctance of school based personnel to become involved in the crisis response themselves (Weinberg, 1989). Therefore, rather than providing direct service, consultants should normally work with existing school personnel to equip them with skills needed for the crisis response work (Weinberg, 1989). Despite this general advice, consultants may need to provide direct service if teachers request help because they are feeling overwhelmed. In this case, a consultant may accompany the teacher and together develop a plan to communicate with students (Berman & Jobes, 1991). Outside consultants may indeed be experts

in the crisis response field, but they often do not know the culture of the school, which limits their effectiveness. Internal resources, on the other hand, have extensive information and understanding already available to them (Mauk & Gibson, 1994).

Evaluation of Crisis Response Model

The search for literature evaluating crisis response plans ended with very limited results. Undoubtedly, this is due in part to many methodological challenges that the evaluation of crisis intervention models presents. For example, it would be difficult to use a control group, because it would be absurd to allow one group of students not to be treated while another one is (Hazell & Lewin, 1993).

While it is difficult to evaluate a crisis response plan using students, those who were the facilitators of the plan are able to evaluate some aspects of the process. When evaluating a school crisis response, Klicker (2000) recommends answering the questions that are contained in The Alberta Bereavement and Loss Manual (1992). The answers to these questions will help those involved in the crisis response evaluate the effectiveness of the response:

1. Was the plan effective? If not, why not?
2. Were the survivors' needs met effectively? Partially? Not at all? What were the problems? How can they be rectified?
3. Were there any areas where further planning would have been helpful? If so, what were they? How could these areas be improved and changes implemented?
4. Did the key participants know their roles and carry out their responsibilities effectively?

5. Was responsibility evenly distributed or were some participants too weighed down to be fully effective? How can responsibilities be redistributed?
6. Based on your experience, what other factors should be considered modifying the plan? (p. 37).

To further help schools think about what their school's response plan should be, Thompson (2002) developed a set of critical questions that schools should consider:

- How and when should the students be informed?
- What specific information will be shared about the tragedy with teachers and staff?
- How will the school protect the family's privacy?
- Who is the spokesperson for the school and what information will be released to the media? What will staff members be told to say if contacted by the media?
- How should the personal possessions of the student be handled?
- If feeder schools are affected by the crisis, how should they be included in the overall postvention efforts?
- Will there be a care center for those students who are upset? Where will the care center be located? Who will supervise the care center? How will students be identified to come to the care center? How many days will the care center be in existence (p. 133)?

Different Crisis Response Plans

In trying to better understand the role of crisis response plans in critical incident situations it is important to view a variety of different plans and guidelines. What follows is a description of The Winning School Division's guideline which is followed by two other Winnipeg school division plans. This review of crisis response plans concludes with a short review of a plan that comes from an incident which occurred in the United States. When compared, it

can be seen that there is not always consistency. Each division has their own way of dealing with crises.

In 1998, The Winnipeg School Division developed a document called Guidelines for the Development of a School Crisis Response Plan. The purpose of the document is to “serve as a training manual that will enable school-based crisis response teams to go into action quickly and competently when a crisis occurs” (p. x). The document serves as a guideline for a spectrum of incidents ranging from medical issues to death. While it is a guideline, it is still up to each school to develop their own crisis response plan. For the purposes of this review I will focus on the information surrounding general guidelines, death, and dealing with the media during crises that are presented in this document.

The guideline begins with outlining the general components of the crisis response plan as follows:

- **Establishment of a School Crisis Team:** Who should be on the team? This section highlights who might be good people to have on the team.
- **Role of the Team:** The teams major responsibility is to ensure the school has established a set of procedures for responding to crises.
- **Development of the Plan:** This should be in the form of a document and prepared in advance.
- **Organization of the Plan:** This section focuses a lot on the details involved with collection and communication of information; i.e. how will people be informed.
- **Communication of the Plan:** Details who should have access to the plan and who it should be distributed to.
- **Crisis Response Template:** A template developed by the school division as a reference for schools.

- Preparedness and Practice: Gives guidelines about how to become and stay prepared for a crisis.

The complete details of each of these points is illustrated in Appendix A.

The information contained in the guideline around death provides suggestions about how to communicate with various people. Suggestions are given for calling the family of the deceased, writing letters to parents of classmates, informing teachers, and informing students. A very helpful part of this section is that it provides information about how different age categories react to death. Suggestions for intervention of each age category are given as shown Appendix B. A guideline for conducting group intervention/debriefing is then given. This guideline is displayed in Appendix C. This section concludes with a list of suggestions for classroom activities after a death and some suggestions about conducting a school memorial service.

The section on dealing with the media offers some sample statements that could be given to the media. The guidelines given in this section are very similar to the guidelines explored in the literature review. A very clear section on tips for dealing with the media is illustrated in Appendix D.

As mentioned earlier, this manual, provided by The Winnipeg School Division, is a guideline for schools to use in developing their own crisis response plans. As such, there does not exist one detailed crisis response plan for the school division. As each school has the responsibility to develop their own plan, there is undoubtedly differences in the numerous crisis response plans that exist in the division.

River East School Division has a manual called Safe and Caring Schools Manual (2000). This manual grew out of the school shootings incident at Columbine in Colorado and Tabor in Alberta. Following these incidents the administrators of River East School Division came together and formed The Safe and Caring Schools Committee which developed the divisional manual. This manual was developed as an interim document for trial use in the 2000-2001 school year. It is important to note that this manual is a only a guideline and that each school is expected to develop, implement and maintain a safe school plan.

There are four sections in the manual: Caring school communities, emergency preparedness, emergency response and post trauma response. The section concerned with the crisis response after a critical incident has occurred is the post trauma response section.

The first section of this manual outlines the role of the Divisional Crisis Response Team. This team's purpose is to support schools that are experiencing crisis. This team is made up of counselors and clinical staff as assigned by the Assistant Superintendent.

The second section focuses on the role of the school crisis response team. In this division each school is required to establish a crisis response team. The purpose of this team is to provide an efficient and systematic response to a tragic event. The manual outlines clearly what the role of the team and the role of specific team members should be in case of a crisis. The team roles include:

- Team Leader, who is responsible for the development and implementation of the overall plan.

- Team Coordinator, who activates the plan and organizes follow-up.
- Team Secretary, who provides general secretarial functions.
- Team Collector, who gathers information about the event.
- Team Communicator, who communicates information to staff and students
- Crisis Room Facilitator, who establishes rooms in which staff and students can receive support.

The final piece of information provided in the manual related to crisis response is a School Crisis Response Team Checklist. This is a very brief checklist and does not provide a lot of details in each section.

The Transcona-Springfield School Division produced a manual in September 2000. While the River East School Division and part of the Transcona-Springfield School Division has now amalgamated they have not combined their crisis response manuals. The name of the manual produced by this school division is School Crisis Response Plan (2000). This manual is very detailed and looks at school crisis response plans from numerous perspectives.

The first section provides information about preparing for a crisis. Topics such as the school crisis response team, security checklists and telephone tree information are covered. The second section is more specifically about responding to a crisis. There is a detailed checklist provided that is generic for all responses.

The third section is the most detailed. It provides plans and checklists for specific crises. There are general guidelines for responding to violent acts,

suicide, death, and school emergencies. Under each of these categories there are specific plans, information and checklists. These include:

Plans for Violent Acts

- Child Abduction
- Dangerous Trespassers/Armed Intruders
- Weapon Threat
- Bomb Threat (Procedure Form)

Plan for Responding to Suicide

- Suicide Attempt
- Suicide Threat
- Suicide Prevention Assessment
- Suicide Completion (Death)

Plan for Dealing with Death

- Dealing With Death
- Anticipating Grief

Responding to School Emergencies

- Fire/Evacuation
- Chemical Spills

Further to these first three sections outlined above there are numerous resources identified in the Transcona-Springfield School Division manual.

These resources include sample letters and scripts, media guidelines, activities for classrooms and information about grief and loss.

After reviewing each of the three school division's manuals on crisis response plans, one of the similarities I noticed is that they are not so much response plans as they are guidelines. The Winnipeg School Division's and River East School Division's manuals are even more general than the Transcona-Springfield School Division's manual. The more general manuals are not specific in nature, which means that those who develop the crisis response plan in each school will most likely have to consult other sources of information to develop their protocol. This requires that each school in the division has members on the crisis response team whom have a certain level of expertise in this area. Furthermore, because each school develops their own protocol, there is a limitation on the level of consistency of school response plans in the division.

The Winnipeg School Division's and the River East School Division's manuals provide a very concise plan for how to develop crisis response teams and the role of these team members, however, I find they provide little guidance to these teams about what it is they should be doing when they actually respond. On the other hand, the Transcona-Springfield School Division's manual moves beyond the theory and provides some instruction as to what the response itself should be. The way this division's manual is broken down to reflect different crises provides a clearer plan of action.

Conclusion

The literature related to models of school crisis response plans are helpful in placing The Winnipeg School Division's process in the larger context of what other school divisions throughout North America are doing. It is helpful to see how the process developed and presented by The Winnipeg School Division is similar and different to those of other Winnipeg divisions and the general theoretical concepts presented in the literature. All three are meant to serve as guidelines, yet one division's guidelines are more closer to an actual plan than the others. As these are guidelines, not only do school crisis response plans change from school division to school division, they change from school to school, even within the same division.

It is unfortunate that there is yet such a limited amount of published literature on this topic from Canadian sources. In my search for literature I attempted to find sources from Canada however this search came up with minimal results. If there has been research done and articles written on this topic it appears they have not yet been published. Two exceptions are Leenaars (1993) and Wencksten (1993). These are Canadian researchers that I referred to often in the literature review. They have written numerous articles on the topic of crisis response and intervention.

2.2 Program Evaluation

Program evaluation can be defined in different ways, and applied to a variety of settings. The term “program” is defined by Wholey, Hatry and Newcomer (1994) as “a set of resources and activities directed toward one or more common goals” (p. 41). As this research is concerned with the evaluation of a social program, the definition given by Rossi, Freeman, and Lipsey (1999) is most fitting, “Program evaluation is the use of social research procedures to systematically investigate the effectiveness of social intervention programs” (p. 4). Raymond (1982) gives a similar definition: “... the purpose of social work research and evaluation is to determine how successful a social program is in fulfilling its mission, what effects the program is having, or whether it is performing as expected, the research process may be considered to be program evaluation” (p. 420).

A lot of literature on program evaluation notes that the reason for conducting evaluations is to improve program performance and quality of services (Gabor, Unrau, & Grinnell, 1998; Wholey et al., 1994). The reasons and purposes may be varied. The purpose of an evaluation may be to improve program performance but it could also be to gain knowledge, or be a response to political pressures (Rossi et al., 1999). Whatever the purpose may be, it is important for the evaluator to find out.

The need to demonstrate that programs are working effectively is increasing. This is due in part to economic conditions that lead politicians and administrators to question if the money being used to support a program is actually well spent (Compton & Galaway, 1989). Raymond (1982) also points out that the publicized failure of some social experiments has made the public skeptical about some social programs. Although continued funding may be one reason for program evaluation, Hudson, Mayne and Thomlison (1992) provide four other basic purposes:

- *increase knowledge*—to increase our knowledge and understanding about an intervention in society;
- *improve program delivery*—to improve the management and delivery of a program;
- *reconsider program direction*—to challenge the strategic direction of a program; and
- *provide for accountability*—to provide performance information for accountability (p. 5).

Schanlock (1995) points out that it is important to remember that program evaluation is not the same as basic research. Whereas the aim of basic research is to find new knowledge and to test hypotheses and theories, the goal of program evaluation is to inform decision makers and provide feedback to stakeholders.

When developing an evaluation it is important to identify the stakeholders because this will determine which issues should be addressed. Stakeholders can range from front line staff to program administrators. Robson (2000) presents a list of potential stakeholders:

- Policy-makers and decision-makers: those responsible for making decisions about the setting up, continuation, closure, expansion of programs or services.
- Sponsors: organizations, groups or individuals responsible for setting up and/or funding programs or services and their evaluation.
- Management: those responsible for managing the programs or services.
- Staff or practitioners: persons responsible for its delivery (they are sometimes referred to as 'participants', but this typically refers to their participation in an evaluation).
- Clients or participants: persons targeted by or taking part in the program or service.
- Evaluators: those responsible for the design and/or conduct of the evaluation.
- Interested others: people, groups or organizations geographically, organizationally or politically 'close', e.g. nearby residents, local politicians, providers of possible competing programs or services (p. 16).

The key to any evaluation is to clearly understand the program under evaluation. "Every evaluation must be tailored to its program" (Rossi et al., 1999, p. 37). Before beginning any evaluation Hudson et al. (1992) report these questions need to be asked:

- What is the program set up to accomplish?
- What amount and type of resources or inputs are used by the program?
- What are the major activities carried out by the program and can they be accurately defined and described?
- Is the theory of how the program is supposed to work well understood and accepted by the key stakeholders?
- What are the expected outputs and outcomes and can they be stated in specific terms?
- Are the resources and activities plausibly linked to the achievements of the intended results?
- Are there any likely unintended outcomes of the program (p. 4)?

Once these questions are answered, the evaluation should then be structured around these three issues: the questions the evaluation is supposed to answer,

the methods the evaluation will use to answer these questions, and the characteristics of the evaluator-stakeholder relationship (Rossi et al., 1999).

Types of Evaluations

Researchers have different ways of categorizing evaluations. This is unfortunate because it makes it difficult to present a set of clear and concise types. Grinnell (1988) presents five different types of evaluations: needs assessment, evaluability assessments, process analysis, outcome analysis, and cost-benefit analysis. Compton and Galaway (1989) categorize evaluation types as needs assessment, process analysis, evaluability assessments, outcome analysis, and program monitoring. Schanlock and Thornton (1988) limit their categories to three: process analysis, impact analysis and benefit-cost analysis. For the purpose of this review I will utilize the description of evaluation types as defined by Grinnell.

Needs assessments are evaluations that take place before a program actually starts (Compton & Galaway, 1989). A needs assessment will verify to what extent a problem exists and whether a program should be implemented to resolve that problem (Gabor et al., 1998). When trying to decide if there is a need for the development of a new service implementing a needs assessment is a critical step (Grinnell, 1988).

Evaluability assessments are used to determine if a program can actually be evaluated (Compton & Galaway, 1989). Patton (2002) reports that evaluability assessments are used to "...determine whether a program is sufficiently well conceptualized and consistently implemented to undertake a

formal and rigorous evaluation” (p. 164). These assessments are a helpful tool because they allow people and organizations to get ready for a potential evaluation. Evaluability assessments are used to help make sure new programs meet the following criteria:

- (1) program goals, objectives, important side effects, and priority information uses are well defined,
- (2) program goals and objectives are plausible, and
- (3) evaluators and clients agree on intended uses of evaluation information (Wholey et al., 1994, p. 12).

The process analysis looks at what happens when a program is actually functioning (Robson, 2000). Knowledge gained about how the program actually functions can be an effective tool to enhance programs. Gabor, Unrau and Grinnell (1998) present six steps involved in conducting process analysis:

- (1) deciding what questions to ask,
- (2) developing data collection instruments,
- (3) developing a data collection monitoring system,
- (4) scoring and analyzing data,
- (5) developing a feedback system,
- (6) disseminating and communicating results (p.130).

Patton (2002) reports that the aim of process evaluations is to reach an understanding about how the dynamics of a program, organization, or relationship works. When studying processes, qualitative methods are important to use for the following four reasons:

- (1) depicting process requires detailed descriptions of how people engage with each other,
- (2) the experience of process typically varies for different people so their experiences need to be captured in their own words,
- (3) process is fluid and dynamic so it can't be fairly summarized on a

single rating scale at one point in time, and
(4) participants' perceptions are a key process consideration (Patton, 2002 p. 159).

In summary, process analysis documents what a program is supposed to do, what the program does in reality, and whether or not the programs services are delivered to the intended audiences (Wholey et al., 1994).

Outcome analysis (also called outcome evaluation) is used to determine the effectiveness of a specific service offered by an agency (Grinnell, 1988). It is used to determine the extent that a program produces the result that it is supposed to (Rossi et al., 1999). "The main purpose of a program outcome evaluation is to demonstrate the nature of change, if any, for our clients after they have received our services - that is, after they have left the program" (Gabor et al., 1998, p. 104). The first step in outcome analysis is to operationalize the objectives. This is important to do because it defines how an overall program is understood in concrete terms (Gabor et al., 1998).

The cost-benefit analysis, which is a type of outcome analysis, considers whether the positive impacts of a program warrant the cost it takes to run the program (Schallock & Thornton, 1988). "Cost-benefit analysis allows evaluators to compare the economic efficiency of program alternatives..." (Rossi et al., 1999, p. 390). The first step in cost-benefit analysis is to define the program or policy being evaluated and the program or policy that it is being compared to (Schallock & Thornton, (1988).

Two other terms used in defining types of evaluations that relate to my research are formative and summative evaluation. Formative evaluations are

meant to give information that will help make a program work better. Its goal is to improve a program performance by influencing decisions about the program (Scriven, 1991). "Formative evaluations ..., serve the purpose of improving a specific program, policy, group of staff (in a personal evaluation), or product. Formative evaluations aim at *forming* (shaping) the thing being studied" (p. 220).

Summative evaluations are used to develop a summary judgment on aspects of a program's performance (Rossi et al., 1999). Patton (2002) reports that "Summative evaluations serve the purpose of rendering an overall judgment about the effectiveness of a program, policy, or product for the purpose of saying that the *evaluand* (thing being evaluated) is or is not effective and, therefore, should or should not be continued, and has or does not have the potential of being generalizable to other situations" (p. 218).

Formative evaluations are concerned with how to improve a program, whereas summative evaluations are more concerned with measuring outcomes. For example, a formative evaluation seeks to find out "how" a program can be more effective, whereas a summative evaluation seeks to find out "if" a program is effective.

Rossi, Freeman, and Lipsey (1999) synthesize guiding principles for evaluators as developed by the American Evaluation Association. These principles serve as a guide when doing evaluation work:

1. **Systematic inquiry:** Evaluators conduct systematic, data-based inquiries about whatever is being evaluated.
2. **Competence:** Evaluators provide competent performance to stakeholders.

3. Integrity/honesty: Evaluators ensure the honesty and integrity of the entire evaluation process.
4. Respect for people: Evaluators respect the security, dignity, and self-worth of the respondents, program participants, clients, and other stakeholders with whom they interact.
5. Responsibilities for general and public welfare: Evaluators articulate and take into account the diversity of interests and values that may be related to the general and public welfare (p. 426).

Case Study Research

Case study research is one form of a qualitative research design.

Qualitative research is the study of people in their natural environments as they go about their daily lives. It tries to understand how people live, how they talk and behave, and what captivates and distresses them. More importantly, it strives to understand the *meaning* people's words and behaviors have for them. (Tutty, Rothery & Grinnell 1996, p. 4)

Grinnell, Unrau and Williams (1998) give another definition of qualitative research:

Research studies that focus on the facts of nature as they occur under natural conditions and emphasize qualitative description and generalization; a process of discovery sensitive to holistic and ecological issues; a research approach that is complementary to the qualitative approach. (p. 374)

Within qualitative research there are different types. Fortune and Reid (1999) name the five different types of qualitative research as grounded theory, ethnography, narratives, discourse analysis, and program and case evaluation. The aim of grounded theory is to develop theory from the data gathered. Morse and Richards (2002) state that grounded theory is, "theory derived from, and grounded in, the data" (p. 56). Ethnography involves immersing yourself into a culture; observation is thus the primary form of data collection. Narrative

methods use story-telling to gather data, whereas discourse analysis is the study of verbal interchange. Program and case evaluation is not as much a mode of inquiry as it is an application of these modes to assessing service delivery (Fortune & Reid, 1999).

Another type of research not mentioned by Fortune and Reid, but presented elsewhere as a type of evaluation in its own right is case study research. Case study is a method that is used to study a phenomenon systematically (Merriam, 1988). "In qualitative research, the case study aims to understand the case in depth, and in its natural setting, recognizing its complexity and its context" (Punch, 1998, p. 150). In A Modern Dictionary of Sociology (1969) the term case study is defined as:

a method of studying social phenomena through the thorough analysis of an individual case. The case may be a person, a group, an episode, a process, a community, a society, or any other unit of social life. All data relevant to the case are gathered, and all available data are organized in terms of the case. The case study method gives a unitary character to the data being studied by interrelating a variety of facts to a single case. It also provides an opportunity for the intensive analysis of many specific details that are often overlooked with other methods (p. 88).

As there are different types of cases there are also different types of case studies. Punch (1998) presents three different types:

- the intrinsic case study, where the study is undertaken because the researcher wants a better understanding of this particular case;
- the instrumental case study, where a particular case is examined to give insight into an issue, or to refine a theory;
- the collective case study, where the instrumental case study is extended to cover several cases, to learn more about the phenomenon, population or general condition (p. 152).

Merriam (1988) says that case studies have four different characteristics: particularistic, descriptive, heuristic, and inductive. Particularistic means that case studies are focused on a specific program, situation or phenomenon. The case to be studied is important for what it reveals about the phenomenon situation or program under study. Descriptive means that there is a detailed description, which is complete and literal of the phenomenon under study. Heuristic means that case studies enhance the understanding of the phenomenon under study. They can bring about new meaning or confirm what is already known. Inductive means that case studies rely on inductive reasoning. Generalizations or hypothesis are developed from looking at the data.

The case that makes up the case study can be in the form of a person, event, program, critical incident, community or an organization (Patton, 2002).

The term case is broken down further by Gillham (2000):

- a unit of human activity embedded in the real world;
- which can only be studied or understood in context;
- which exists in the here and now;
- that merges in with its context so that precise boundaries are difficult to draw (p. 1).

There are many reasons that case study research is used. Yin (1989) says, "...case studies are the preferred strategy when 'how' and 'why' questions are being posed" (p. 13). Case study research is important because it can be used to study a phenomenon systematically (Merriam, 1988). Yin (1989) says that "the case study allows an investigation to retain the holistic and meaningful characteristics of real-life events - such as individual life cycles, organizational

and managerial process, neighborhood change, international relations and the maturation of industries” (p. 14).

Yin (1993) reports that the three reasons why case study research is appropriate is when investigators desire to “(a) define topics broadly and not narrowly, (b) cover contextual conditions and not just the phenomenon of study, and (c) rely on multiple and not singular sources of evidence (p. xi)”. Another element unique to case study research is that it is possible to achieve insights (such as feelings) that quantitative methods don’t lend themselves to doing.

In explaining the purpose of case study research, Guba and Lincoln (1981) present four points:

- 1) to chronicle, that is, to develop a register of facts or events in the order (more or less) in which they happened
- 2) to render, that is, to depict or characterize;
- 3) to teach, that is, to provide with knowledge, or to instruct; and
- 4) to test, that is, to “prove” or to try (p. 371).

Case study research relies heavily on researchers interviewing skills and the ability to establish trust with those being interviewed. Yegidis, Weinbach, and Morrison-Rodriguez (1999) report that in case study research acquiring the trust of participants is essential. If this can not happen participants will likely be evasive when answering questions. Patton (2002) reports that the interview needs to be “...attentive to and capture individual differences among participants, diverse experiences of the programs, or unique variations from one program setting to another” (p. 55).

In summary, case study research provides vivid and concrete knowledge rooted in a specific context. It's knowledge is not derived from abstract meanings, but rather from systematically studying a phenomenon.

2.3 Evaluation Utilization

Utilization of evaluation results appears on the surface to be a relatively straight forward process. Brown and Braskamp (1980) define utilization as the degree to which evaluation findings are implemented to affect program changes. Evaluations are designed to measure something of importance, and therefore decision makers ought to make use of the results. However, the reality is that results from evaluations are not always used.

Regardless of whether evaluations are not used or if they serve as the catalyst for major social or organizational change, the utilization of evaluations tends to fall somewhere along a continuum of direct, conceptual or persuasive utilization. Direct utilization refers to the direct implementation of recommendations given by researchers. Conceptual utilizations are the way researchers influence thinking in a general way, and thus how it can indirectly affect policies and programs. Persuasive utilizations are used to attack or support political positions (Rossi et al., 1999). It is important to consider other forms of utilization other than direct because immediate and direct use of evaluations is not the only way evaluations have influence.

One of the problems with developing definitions of utilization is that the concept of "use" is not easily clarified. What constitutes a use? To help with

this clarification Weiss (1981) presents specific dimensions of the concept of use that must be addressed: (1) What is used? (2) How direct is the derivation from the study? (3) By whom it is used? (4) By how many people it is used? (5) How immediate is the use. (6) How much effect is required? These presented questions can be difficult to answer, but an attempt should be made to answer them.

Patton (2002) uses the term utilization-focused evaluation. His model provides a framework for thinking about how the evaluation process should be focused on utilization. "Utilization-focused evaluation begins with identification and organization of specific, relevant decision makers and information users (not vague, passive audiences) who will use the information that the evaluation produces" (Patton, 2002, p. 173). A utilization-focused approach is designed to answer questions that these stakeholders have and then provide these stakeholders with information that will help them make decisions about the program's future.

It is after working with these decision-makers that specific methods are chosen that will best fit the needs of what the stakeholders need. It is however important to remember that different stakeholders have different perspectives on the importance of the evaluation findings (Rossi et al., 1999).

It is partially the researcher's responsibility to make sure that evaluations are utilized. Johnston (1988) believes that if evaluators put as much energy into gaining acceptance for their recommendations as they put into designing and performing the evaluation, utilization would increase. This means that

researchers cannot wait until the report is written before thinking about how research will be utilized (Brown & Braskamp, 1980). Patton, (1990) makes this point even more clearly, “ The foundation for utilization is laid at the beginning of the process with the very first interaction between the evaluator and the people who are to use the evaluation findings. A strategy for enhancing utilization informs and frames every subsequent decision made about the evaluation” (p. 432).

In order to give an effective presentation the evaluator must first understand the context of the program under evaluation (Wholey et al., 1994). The likelihood of evaluations being used depends on evaluators' recognition that the key determinants of their utilization are the social and political contexts in which the evaluations are undertaken” (Rossi et al., 1999, p. 400). The effectiveness of utilization then depends on how well the researcher develops and communicates the findings of their research. The research report must be given in a way that users can make sense of it; excessive detail is often not read. In some cases, an oral presentation may help the utilization of research better than a written report (Compton & Galaway, 1989). Evaluation findings should be presented in a concise and factual way. Evaluators should also identify any limitations of the design and findings (Wholey et al., 1994). Finally, to increase the use of findings it is best to release the findings as soon as possible after the evaluation is completed (Wholey et al., 1994).

In reporting research it is important to make clear distinctions between findings, interpretations, judgments and recommendations. Patton (1982)

highlights the distinctions between each of these statements:

- *Findings*: the facts of the case; the basic presentation of the data from the evaluation; the empirical results.
- *Interpretations*: explanations offered about the findings; speculations about interrelationships, causes, reasons for the findings, and meanings given to the data.
- *Judgments*: values brought to bear on the data; specific criteria applied to the findings stating that they are “good” or “bad”; “positive” or “negative”; “in the desired direction” or “in an undesired direction; “above expectations,” “in line with expectations,” or “below expectations.”
- *Recommendations*: suggested courses of action; proposed changes in the program or things to be maintained as they are in the program; and advice to funders, program administrators, program staff, and others about how to improve the program based on findings, interpretations, and judgments (p. 273).

In reporting findings there are a number of ways one can disseminate information. The most common approaches are written reports and oral presentations. It is unfortunate that many evaluators rely on the standard technical report form when writing written reports (Morris, Fitz-Gibbon & Freeman, 1987). Davies (2003) reports that those making decisions prefer short reports and point-form findings and recommendations over long well referenced reports. If a written report is used to disseminate information Morris, Fitz-Gibbon and Freeman (1987) recommend the following format:

- Put a clear abstract at the front.
- Make your evaluation findings the first chapter.
- Start each chapter, subsection, and paragraph of your report with the most important point to be made in that section. Put your diamonds right on top of the heap to be sure they will be seen by your readers (p. 33).

When making verbal presentations there are several things to keep in mind. It is a good idea to vary the format, use visuals, and have time for question situations (Morris et al., 1987). In either form of dissemination, charts, diagrams and graphs are an excellent way of communicating findings (Robson, 2000).

Often whether an evaluation is utilized or not is not easy to discern. The questions of utilization lie on a continuum. Larsen and Werner (1981) present a table of utilization and non-utilization categories and their definitions:

1. Considered and rejected. Some discussion took place, but the findings are no longer being considered.
2. Nothing done. No action, not even discussion, was taken.
3. Under consideration. The information had not been used, however, it was being considered and discussed.
4. Steps taken toward implementation. Although the information had not been used, the decision to do so had been made and steps toward it had been taken.
5. Partially implemented. Certain features of the information had been used while others had been disregarded.
6. Implemented as presented. The information had not been used in the past, and was used in its original form.
7. Implemented and adapted to fit user's needs. The information had not been used in the past. Certain features of the findings were modified or adapted to fit the local situation (p. 82).

To increase the likelihood of utilization Morris, Fitz-Gibbon and Freeman (1987) report it is critical to follow these three points:

- The information must be communicated to the appropriate potential users.
- Reports must address issues which the users perceive to be important.
- Reports must be delivered in time to be useful and in a form that is clearly understood by the intended users (p. 10).

When information isn't utilized it is often blamed on either the evaluator or the decision maker. The following description highlights the dynamics often involved in either case:

Blame the evaluator

8. The results were not presented appropriately
 - Not enough visuals (bar graphs or pie charts)
 - Too technical
9. The results were not useful
 - Study too abstract or esoteric
 - Study not relevant

Blame the Decision Maker

10. The decision makers were not involved in advance and lacked interest
11. Decision makers were not interested in facts
 - Undue influence by political pressures or funding issues
 - Too absorbed in day-to-day operations
 - Inattention to long-range, data-based decision making
12. Decision makers want a "quick fix"
13. Decision makers do not know what they want (Mowbray, 1988, p. 49).

The information presented in this section provides some general information on how research can be utilized. However, the reality is that there has often been tension between researchers and practitioners. This tension seems to be rooted in a we-they cycle of feelings. Yegidis, Weinbach and Morrison-Rodriguez (1999) speak out against this tension, "...in the purest sense, researchers should be practitioners and practitioners should be researchers. There is no reason for antagonistic we-they feelings, because we are they" (p. 8).

The last thing an evaluator wants is for their evaluation to go unused. While evaluations are conducted for numerous reasons the main overarching

purpose is that they are somehow used. Although this is the desire of every evaluator, the reality is that utilization of information is sometimes beyond the control of the evaluator and even local decision makers. Sometimes larger political issues and the issue of timing limits the use of research findings.

Regardless of any political or systemic barriers utilization must be an overarching goal of all practitioners and researchers. It needs to be thought about before and during the research, not just upon completion. While it may be idealistic to expect major changes to occur within organizations, minimally, researchers should aim to provide new insights and raise important questions. Weiss (1972) concludes that "Evaluation as an applied research is committed to the principle of utility. If it is not going to have any effect on decisions, it is an exercise in futility" (p. 10).

2.4 Implications for Practicum

The intent of this chapter has been to provide an overview of the literature related to school crisis response plans, program evaluation and research utilization. A comprehensive understanding of the topics presented is important in order to effectively complete this practicum. As my practicum involves evaluating an agency's school crisis response plan, it is important for me to understand the process of evaluation and the theories and history of crisis response plans. Further to this, because my hope is that this research will be utilized, it is important to understand how to best go about doing this.

The literature related to crisis response provides me with the understanding of the issues related to crisis situations. Furthermore, I have a better understanding of how The Winnipeg School Division crisis response plans relate to both theory and other school division plans. This context was essential for me to understand, as this research is related to a specific context and divisional culture.

The theory pertaining to program evaluation has provided the theoretical basis and rationale from which I developed the practicum. Specifically, the literature review on program evaluation was useful in deciding what methodology, methods of collection, and analysis procedures should be used. The evaluation developed is a qualitative formative program evaluation using a multiple case study approach.

Finally, the literature related to research utilization gives concrete examples of how to make reporting of utilization more effective. The issues pertaining to utilization of research are complex, and often require the researcher to navigate their way through a maze of issues. What is clearly demonstrated in the literature is that researchers must take the initiative to navigate this maze, because no one else will. If utilization is not a key focus in an evaluation, the chances of research effecting policy is minimized.

The components of the literature review provide both the contextual and technical background needed to develop and implement this evaluation. Throughout the process of completing this practicum the literature review was referred to and used to provide clarity when needed.

Chapter 3

Implementation and Methodology

This chapter provides a description of the methodology used in this evaluation. It includes a discussion of the evaluation purpose, key stakeholders, implementation plan, data collection and data analysis.

3.1 Purpose of Research

When meeting with several CGC Area Service Directors to discuss this research, numerous general questions were raised. Hudson et al. (1992) report that the focus of an evaluation is the set of questions the stakeholders of the evaluation want answered. "A set of appropriate evaluation questions, therefore, is the hub around which evaluation revolves" (Rossi et al., 1999, p. 79) As such, it is these questions raised by CGC that serve as a starting point to implementing this evaluation:

- In the role CGC clinicians have when involved with a school crisis response plan, what works well?
- In the role CGC clinicians have when involved with a school crisis response plan, what doesn't work well?
- What suggestions do clinicians have about how to improve the effectiveness of CGC's role in crisis response plans?

- How do clinicians debrief about any personal feelings after participating in a school crisis response, and is it adequate?

3.2 Key Stakeholders

There were three stakeholders who participated in this research or who were interested in the results. The primary stakeholder group was Administration staff at CGC. Given the above mentioned reasons for this evaluation, it was felt that the results would help guide decision-making about how to improve the delivery of crisis response services.

The second stakeholder group was CGC clinicians who participate in crisis response services. It was hypothesized that the results of this evaluation might help to improve the process of crisis response plans by addressing clinician concerns.

The third stakeholder is The Winnipeg School Division's Research, Planning and Technology Department. The connection between CGC and the school division as it relates to crisis responses is very important. The results of this evaluation should serve to strengthen this connection through communication about the findings.

3.3 Implementation Plan

To help answer the above mentioned questions a qualitative evaluation design was selected. This method was used because the research was exploratory and concerned questions about what happens and why. The type of qualitative research used was a multiple case study approach. Case studies where CGC staff were involved in as part of the school crisis response plan were selected and in-depth interviews were conducted with clinicians, one ASD, and one school administrator.

Interview Method

The interview was selected as the data collection method for this research. Fortune and Reid (1999) report that interviewing and observation are the most frequently used methods of data collection in qualitative research. The interview method has three main types: unstandardized, nonschedule-standardized and schedule-standardized (Monette, Sullivan, & Dejong, 1990). The names of these three types of interviews vary in the literature reviewed. For example, Punch (1998) describes the three types of interviews as the informal conversational interview, the general interview guide approach and the standardized open-ended interview.

Regardless of the specific names of interview types, the three main types found in numerous pieces of literature generally have the same meaning, and

range on a spectrum from formal to informal. An Unstandardized interview is the interview method with the least amount of structure. The interviewer will generally only have a topic area on which to base their questions.

Nonschedule-standardized interviews, also known as semi-structured interviews, have more structure and there are questions to follow, but the interviewee is still free to ask probing questions. The schedule-standardized interviews have the most structure, with questions being specific and in a strict order that is supposed to be followed (Monette et al., 1990).

The interview is an appropriate method to collect data when one wants to collect a full range and depth of information. Patton (1990) explains the reason for using this method; "The purpose of qualitative interviewing in evaluation is to understand how program staff and participants view the program, to learn their terminology and judgments, and to capture the complexities of their individual perceptions and experiences. This is what distinguishes qualitative interviewing from the closed interview, questioner or test typically used in quantitative evaluation (p. 290).

The interview type used was the semi-structured interview. Hessler (1992) defines semi-structured interviews as, "...precisely worded questions with open-ended response categories. Or the interviewer may be given topics to be covered and then left to his or her devices as to how to cover them" (p. 158).

The semi-structured interview is appropriate for this evaluation because of the different cases involved. As those interviewed had different experiences that come from different cases, the semi-structured interview allowed me the

flexibility to attain quality information on the issues this evaluation was exploring. Gillham (2000) reports that in case study research the semi-structured interview can be the richest source of data available.

The challenge when using interviews is that it can be difficult to arrange an interview time and they take a lot of time. Another challenge is identifying clear and useful evaluation questions (Wholey et al., 1994). In spite of these challenges it was felt that the qualitative interview was the best way to obtain the information needed.

Practicum Development

Prior to the development of this practicum, I sought approval to conduct this research from those directly involved. I met several times with three ASDs, at which time they helped me focus the details of this evaluation. Upon completion of these meetings this research project was brought before the larger CGC administration team and approved. I then gave a presentation about this research to the CGC staff committee, which represents all clinicians that work for CGC. With minor revisions, they endorsed this research project and committed to encouraging colleagues to do so as well. I have also received permission to conduct this study by The Winnipeg School Division No. 1 Superintendent. The superintendent then informed all school administrators that this research project could occur.

Before interviews began, all CGC clinical staff working in The Winnipeg School Division No. 1 were informed in writing about the possibility of being

requested to participate in this study. This letter outlined the research project and also served as an introduction to my role as the evaluator (see Appendix E).

The next step was the development of the interview guide (see Appendix G). This was developed in consultation with my faculty advisor and Reid Harty, Area Service Director at CGC. Upon the development of this guide, the interview instrument was then pre-tested.

The pre-test was completed in order to obtain feedback about the instrument. The choice of volunteer for the pre-test was a CGC clinician. The pre-test was designed to explore whether the volunteer interpreted the meaning of questions the way they were intended, whether the instructions were clear and easy to understand, how long it took to complete instruments, whether any aspect of the instrument suggested bias on the part of the investigator, and whether each item was measuring what it was intended to measure (Grinnell, 1981).

Debriefing was done verbally with the student. Upon completion of the interview the volunteer was very positive about his/her participation in the pre-test. There were no problems identified regarding the instructions for the interview. There were also no concerns expressed in terms of defensiveness in relation to the evaluative nature of the questions. The volunteer also expressed an interest in the outcome of the study and thought the idea of member checking would be well received. It took approximately 90 minutes to complete the interview.

Patton (2002) reports that, "The quality of the information obtained during an interview is largely dependent on the interviewer" (p. 341). As such, the evaluation of the pre-test interview was an important part of the process. Although the pre-test volunteer didn't offer any recommendations, there were several changes made to the interview guide. After reviewing the taped interview, and consulting with my faculty advisor I changed the order of interview questions slightly, and also added different probing questions that I felt would help the interview flow more smoothly.

The next phase was to begin interviews. Information was then gathered from clinicians, an ASD, and a school administrator who had been involved in crisis response situations within the last two school years. I was informed of crises by Reid Hartry. Reid or the ASD of the school where the crisis occurred then informed clinicians who were involved in the crisis intervention that I would be calling to ask them to participate in the study. If clinicians chose to participate in the evaluation we arranged a convenient time and place for an interview. If clinicians chose not to participate, it was not reported back to CGC administration. If clinicians agreed to participate their identity was kept confidential to everyone except the researcher. In order to ensure confidentiality I was the only one with access to participants' names. Interview notes and tapes were stored in a locked file and will be destroyed upon completion of the study. Furthermore, information obtained from interviews is reported only in summary form.

3.4 Data Collection

Data was gathered from six different critical incidences that occurred between 2001-2003. Interviews were conducted with twelve participants, including clinicians, one ASD and one school administrator. Interviews took place during the months of February to May 2003.

All interviewees were asked the same general questions, but if the response to my first question did not provide adequate information, I then asked probing questions. Patton (2002) reports that probes are used to deepen the response to a question, increase the richness and depth of responses, and give clues to the interviewee about the level of response that is desired (p. 372). While no two interviews were exactly the same, data gathered was intended to pertain to the same topics.

Note taking and tape recording were the methods used to record the interviews. All of the interviews were tape recorded and later transcribed. The purpose of note taking was not to document verbatim thoughts; rather, taking notes helped in finding important information from the tape when analysis occurred (Patton, 2002).

Prior to the interview all participants were given an informed consent form (see Appendix F). The interviewer reviewed the consent form orally with each respondent and obtained the interviewee's signature before the interview started. The interview did not commence until the form had been signed. The complete interview guide is illustrated in Appendix G.

3.5 Data Analysis

Data analysis was one of the most difficult parts of the practicum process. The purpose of this stage was to bring meaning to the mass collection of information gathered. In doing this, themes and patterns emerged. By interpreting these themes, the findings were used to draw conclusions .

To do this I relied primarily on the step-by-step approach of qualitative data analysis presented in detail by Grinnell, Unrau and Williams (1998). This approach to data analysis includes transcribing the data, first-level coding, second-level coding, interpreting data and assessing trustworthiness of the results.

Transcribing Data

Transcription of audio tapes was completed during the months of March to May, the same time the interviews took place. The raw data was transcribed verbatim in order to allow the context of the answers to provide as much meaning as possible (Tutty, Rothery, & Grinnell, 1996). The anonymity of the participant was safeguarded by not using the name of the participant during the interview or on any material used in transcription. It should be noted that in conducting the interviews I encountered technical difficulty in recording one of the interviews. Consequently, I relied on the notes taken for this particular interview.

First-Level Coding

Grinnell et. al. (1998) report that first-level coding “deals with the concrete ideas evident in the transcript (p. 291). They highlight that the tasks that must be accomplished in first-level coding are identifying meaning units, creating categories, assigning codes to categories and refining categories.

I began first-level coding by looking for meaning units. Meaning units are pieces of data that are considered meaningful by themselves (Grinnell et al., 1998.) When looking for meaning units I considered sentences or groups of sentences that stood out as important as a meaning unit. Each meaning unit was identified by underlining it.

After meaning units were identified I began to create categories. One of the categories created was a miscellaneous one. If there were what I felt significant thoughts that didn't fall into an existing category, it was placed in the miscellaneous one. After making the categories, codes were then assigned to each category. Codes are a shortened version of the category name (Grinnell et al., 1998).

In the final step of first-level coding I reviewed the categories that were earlier developed. This is to ensure that the analysis reflected what interviewees actually said (Grinnell et al., 1998).

Second-Level Coding

Second-level coding involves interpreting the meanings of the first-level codes by comparing categories in order to discover possible relationships

(Grinnell et al., 1998). Second-level coding was facilitated because the data was now reduced to manageable categories written in summary form and coded.

In looking for patterns that continually appear in the data the major findings from this evaluation were identified; in practical terms I was able to note repeated occurrences of the information collected. This allowed me to compare themes, thus concluding the process of second-level coding was complete.

Interpreting Data

The interpreting data stage is the stage where the themes that have emerged are used to understand patterns of practice and issues (Grinnell et al., 1998). The reoccurring themes identified from second-level coding served as the bases of my interpretations. At times there were what I felt significant units that were not repeated often enough to be considered major themes. These less repetitive themes were included but noted as minor themes because they were not identified by respondents as often as the major themes.

Assessing Trustworthiness - Reliability and Validity

Reliability is the extent that a measure produces the same results repeatedly (Hessler, 1992). Validity is concerned with the extent that a measure measures what it intends to, and not something else (Hessler, 1992). These two terms are very common in the research field, however, Guba and Lincoln (1981) argue that the terms validity and reliability are too scientific and should be substituted with the more naturalistic terms, credibility and audibility. Creswell

(1998) and others substitute the term validity with verification. For purposes of this evaluation I will use the terms reliability and validity and discuss their connection to this particular evaluation.

An important aspect of reliability in qualitative research relates to the interpretation of results. At this level I enhanced overall reliability by testing for inter-rater reliability. Using inter-rater reliability is a way to examine the extent to which two different people agree on something (Fitz-Gibbon & Morris, 1987). To do this key codes should be applied to the same data by a second person. If the two people come to the same conclusion then increased reliability has been demonstrated. This reliability check occurred in the evaluation by having my faculty advisor serve as the second rater.

Another form of reliability test in the analysis stage is an adaptation of the test-retest method discussed earlier. When applying this method to the analysis stage, instead of re-testing the participants, the data is re-tested. In this way, the same codes are applied to the data after a given time period and if the same results emerge from the data, reliability is demonstrated. This was accomplished in the evaluation by re-coding data two weeks after it had been coded the first time.

There are several different ways that researchers can enhance validity. Some of the key ones mentioned in literature are triangulation, prolonged engagement, member checks, peer review, negative case analysis, clarifying researcher bias, rich thick description, and external audits (Creswell, 1998). Of these methods, I used several to enhance the validity of my evaluation.

Member checking occurred informally, and was attempted in a more formal way. Member checking involves obtaining feedback from research participants on your interpretations and conclusions (Grinnell et al., 1998). As a basic strategy, member checking occurred when I made use of paraphrasing during the interview. Member checking was also encouraged in a more formal way. Participants were invited to review my interpretations and conclusions made from the data that they provided in their interviews. However, none of the participants chose to contact me to provide feedback or comments. This may likely have been due to the fact that participants received the results to review during their summer vacations.

Triangulation involves the use of multiple sources or methods of data to confirm findings (Merriam, 1988). A form of triangulation that I used is data triangulation, which is where different data sources are used. The use of data triangulation in this evaluation was minimal because I did not gather information from other sources besides interviews. However, the people I interviewed did have different roles, and thus a form of triangulation was used. Patton (1987) gives the example of interviewing people in different status positions. I interviewed clinicians, an Area Service Director and a school administrator, all of which have a different role in the crisis intervention process.

Merriam (1988) reports that to establish validity it is important to clarify biases by the researcher. The researcher should comment on past experiences and biases that may influence the interpretation of data (Creswell, 1998). There may also be things during the evaluation process that may trigger some of these

biases. I found that the biases I experienced were minimal and did not influence the findings.

The presentation of my findings is connected to validity. Patton (1987) reports that data analysis should be presented to stakeholders in such a way that they can validate the findings for themselves. To do this I consulted with stakeholders about the best way for them to receive information. To help provide valid reports, Creswell (1998) highlights a checklist by Stake (1995) that gives 20 criteria for assessing a report for verification (see Appendix H). This is a helpful checklist that was referred to when developing my report.

Rossi et. al. (1999) report that validity depends a lot on whether a measure is accepted as valid by the stakeholders involved in the evaluation. As the validity of interview questions are key to the success of the proposed evaluation, I sought advice from the pre-test volunteer and an ASD as to whether the interview questions adequately covered the topics they were supposed to measure.

3.6 Limitations

Although I had gathered approval from the appropriate stakeholders to implement this study, it still relied on the willingness of individuals to participate in this research. I believe that by meeting with the CGC staff committee members who serve as representatives of all clinicians, participation was enhanced. After they gave general approval for my research, they agreed to

speaking to their colleagues at their next staff meeting and give their recommendation to support this research. Also, all CGC clinicians who were called to participate in this research were sent a letter pertaining to the specifics of the research's purpose and design. While these measures didn't ensure participation, I believe they were effective at maximizing participation. Out of fourteen people contacted to participate in interviews only two people declined.

A limitation in the design of this evaluation is that it doesn't utilize triangulation which involves multiple types of data-gathering methods. I would like to have included observation as a source of data collection, but it was not possible for me to observe the crisis response plan. Thus, I was left with the interview as the primary source of data collection. To mitigate the impact of only using one data collection method I interviewed three different types of staff: CGC clinicians, CGC Area Service Directors and school administrators. By not limiting my data source to one group of people I was able to gather data from people who work with the crisis response plan from three different perspectives. In retrospect, I think it would have been useful to include a quantitative component to this evaluation as well. I believe this would have strengthened the design as this would have provided a larger sample of respondents. Furthermore, the findings would have been more generalizable.

While I was able to gather data with a lot of depth, it meant that I did not gather data from the majority of clinicians. Therefore, another limitation of this study is that of the large number of personnel that work at CGC, I only gathered feedback from a small percentage of them. If six other cases and twelve other

respondents were the basis of this research, the findings may have been somewhat different. This is a typical limitation of using qualitative methods. The small number of people interviewed and cases reviewed makes it difficult to generalize the findings to all other school divisions and crisis response situations. Thus the findings must be viewed as exploratory and as representative of a small sample of respondents and situations. At the same time some of these findings may well be relevant to a broader range of settings and circumstances.

Of relevance is the fact that the student may have been known to some of the interviewees in his capacity of having my field placement at CGC. This could have influenced the staff responses to interview questions. Staff may have felt a sense of loyalty to CGC that could have limited their desire to respond in a negative way to questions posed.

There is also the standard limitation of the qualitative interview method. Using this method as the main form of data collection could effect the validity and reliability of the research. This method relies on the interviewer being objective when gathering information. It opens the door to misinterpretation of respondents' answers to questions, and could lead to researcher bias effecting the results. This limitation was dealt with by attempting to use member checking.

Finally, it is important to note that the research mainly reflects input gathered from clinicians. There is no input from teachers or students and only minimal input from ASDs and school administrators. If students, teachers and

more ASDs and school administrators would have been interviewed, their comments may have altered the findings of the evaluation. Thus, the findings should be interpreted as providing a perspective on the crisis response process from the perspective of a group of clinicians at CGC.

3.7 Evaluation of Progress

The process outlined above was a significant task to undertake. To help me stay focused and keep on track I developed a timeline of objectives to meet by specific dates. This allowed me to break down the work of the practicum into manageable pieces. When I completed one phase of my timeline I had the work confirmed by my faculty advisor before moving on to the next objective. In this way, throughout the practicum process my faculty advisor evaluated the quality of my work and focus of my practicum.

I also used a journal log throughout the practicum process. Included in the log were notes from interviews, memos noting decisions made during data collection, coding and analysis, and reminders of thoughts and impressions that occurred through the various stages. By looking through my journal log periodically, I was able to see how much time and emphasis I had placed on different parts of the practicum.

Finally, as a last step to evaluating the practicum, I referred to an evaluation checklist developed by Brown and Braskamp (1980). The results of this self evaluation can be found in Chapter 6.

Chapter 4

Results, Implications and Utilization

The results of this research came from the analysis of interviews gathered from twelve different respondents who were involved in six different cases in The Winnipeg School Division. In all but one of the cases, the crisis involved the death of a student. The majority of crisis situations had an impact on the whole family, school and larger community. There were a few crisis situations where the impact of the crisis did not have as much of an impact beyond the student's family and close friends. As the impact of the crisis differed, the number of clinicians and personnel involved in the response also varied. In two cases there was only one clinician involved in the crisis response. In another case, there were six clinicians, including the Area Service Director as well as clinicians not normally assigned to the school involved in the crisis response.

The respondents were mostly social work and psychology clinicians, with one clinician from a different discipline. There was also one ASD and one school administrator interviewed. There was a range in the number of respondents interviewed in reference to each case. In three cases, one respondent was interviewed. In two cases, two respondents were interviewed, and in one case, five respondents were interviewed.

This chapter begins with the summary of the findings organized by five key topic areas from the evaluation questions. The findings in each of these

areas were developed from the number of common themes that arose from the data analysis. Common themes were considered as such when they were repeated often by different respondents in different cases. In establishing criteria for selecting common themes, a rule followed was that there had to be five different respondents who shared comments consistent with that theme, and those five respondents could not all be from the same case.

There is also a summary of less common themes which arose. Although the themes identified as 'less common', were not noted by as many respondents as those identified as 'common themes', they were included because it was felt that they could be of potential interest to the stakeholders. The criteria for selecting these themes was that at least three different respondents must have shared comments consistent with the theme, and the three respondent's comments could not come from the same case.

After the presentation of these findings the implications of the findings are explored. The chapter concludes with a discussion about how the findings will be presented to stakeholders.

4.1 Common Themes

There were thirteen common themes that emerged from the data. These themes are presented in the following pages under headings of the five topic areas explored in the evaluation:

- The crisis response process
- Things that worked well in the case studies explored
- Things that didn't work well in the case studies explored
- Overall opinions and areas of concern
- The process of personally debriefing after a crisis response

The Crisis Response Process

Theme 1 - Crisis Response Begins with Planning

As the crisis situation was different in each case, the exact process of planning was also distinct. The common thread between most crisis responses was that they began with a meeting to discuss what would be an appropriate response to the situation. The following quotes demonstrate this theme.

- We had lots of pre-discussion about how we were going to carry things out.
- We met in the beginning, that morning before school started and sort of laid out, we reviewed the situation.... We decided how we would divide things up, who would do what, and what would be necessary throughout the day, chopped up tasks.
- We met as a team at the school.

Respondents reported that this meeting usually occurred in the early morning before students and staff arrived. Most clinicians found out about the crisis and were informed of the meeting by their ASDs, some were informed by the principal. In cases where the crisis impacted the family, school, and wider

community, the meeting was often attended by the school administration, CGC clinicians and the ASD. In cases where the impact of the crisis was limited to family and close friends, the planning meeting usually did not include as many people.

Theme 2 - Principal's Role Varies

Principals were key players in the crisis response process because they are the people that are ultimately in charge of the school. Yet, the specific role of the principal was difficult to categorize. Most respondents reported that the role of the principal varies in each situation. In some cases the principal took the lead in coordinating the crisis response, in other cases it was the ASD, and sometimes it's a collaboration of both. The respondents' feedback provides insight as to why this role may vary.

- Depends on the principal. Sometimes the principal wants you to take care of business and report back to them, and other times they want to be right involved and part of the crisis response.
- Principals differ by quite a bit in terms of the degree to which they want to become involved.
- It kind of depends on the severity of the crisis and it kind of depends on the emotional involvement of the principal.
- I've been involved where the principal doesn't take charge because the crisis is too close to him/her.

Respondents felt that there were a number of factors that determine the principal's role, including personality, experience, and comfort level with the situation and other people involved in the response. Of importance is the fact

that several respondents mentioned that how the principal handles the crisis personally will often determine their role in the crisis response. It was reported that there were times when the principal was too emotionally involved with the situation to coordinate the crisis response effectively.

Theme 3 - Responses to Crisis Situations Varies

There are few common threads to the crisis response process that were reviewed in this study because each situation was unique and the people involved in the responses were different. Thus, each response took on different characteristics, with some responses more detailed and related to the whole school, and others being more specific to the immediate family. What follows are some actions taken when the crisis response is geared toward the whole school.

- Each CGC clinician was assigned to a classroom to provide support to the classroom teacher and to the class itself.
- Some of the teachers felt comfortable talking to their classroom themselves and others wanted the clinician to talk to the children.
- With the children's room we typically set it up with lots of things like drawing paper, writing paper, books about loss and grief and of course juice and cookies.
- In the staff room we had the coffee pot on, we had juice, we had cookies, we just invited staff to go if they needed to gather themselves before they went back.

In cases where the entire school is impacted by a crisis, there was usually a grief room set up for the students and often for the staff as well. There was

also a script with the facts that was prepared and read to the students.

Teachers were encouraged to read this script and answer questions. However, if they felt uncomfortable doing this, there was usually a clinician available to help them. At this time teachers and clinicians watch for students who may need additional support. At the end of the day, there was often a letter sent home to parents explaining the facts of the crisis and what was being done at the school.

Other crisis responses were more limited to a family response. In these incidents, as demonstrated in the following quotes, clinicians may go over to the family's home and address issues that impact the immediate family.

- ...we pulled together a cheque from the school and the plan was to bring a whole pile of food...
- trying to address the issues with the immediate family, trying to find out what supports they needed.
- ...so one of the things that they would like were sandwiches, so what we did was arrange that.

In all crisis response situations an attempt was made to determine who were the people most affected by the incident. A search for where siblings, extended family, boy/girlfriends, and friends attend school and live was done. If one of these individuals attended another school there was contact made with that school to inform them of the situation.

Theme 4 - High Acceptance of Clinician's Involvement in Crisis Response

All respondents felt that their presence was accepted in the response with which they were involved.

- I felt very accepted... I think that there was just a lot of gratitude expressed.
- I can't think of a situation where there hasn't been a lot of expression of appreciation throughout the time that we're there.
- But without a doubt, we were welcomed with open arms.
- Very often people will come back and say, 'you know, I really appreciated your support..., I really appreciated your availability at a moments notice.

One individual indicated that a big factor in being accepted is the level of trust and confidence that's established prior to the crisis. Another respondent talked about how teachers often indirectly say 'I'm at a loss, help me out', and when clinicians do help out there is always a sense of appreciation for their presence.

Things That Worked Well in the Case Studies Explored

Theme 5 - The Planning of the Response Was Effective

Several respondents talked about the importance of the planning process and how that sets the stage for an effective crisis response. In most cases, as demonstrated by the following quotes, respondents felt that in the crisis response they were involved with, the planning had been effective and successful.

- The planning end at the school was well done.
- I think it was good to have a broader planning team.

- It seems like there is a real team effort now, and procedures to go through that everybody can get right into the mode of what they need to do.
- That's why you have to have the meeting in the beginning, who's going to talk to the parents, who's going to talk to the media, who's going to go to the classrooms, who's going to pull out the kids who are vulnerable.

It was expressed that one of the reasons effective planning happens is due to the meetings occurring early on in the process, and the openness that characterized these meetings. This openness made it easy for people to express their feelings and opinions. There was also the sense that the crisis response would be a team effort and right from the start everyone's presence was appreciated. In the few cases where it was expressed that proper planning had not occurred, it was a major point of frustration for the clinicians involved.

Theme 6 - Prior Relationships with Family, School and/or Community are Important

Respondents expressed the importance of being familiar with the family, school and community. In the situations where clinicians were involved and knew the school or family well, it was reported that this connection made the process of crisis response go much more smoothly than if they had not known the family, school and/or community as well.

- For me there was a fair degree of comfort with those teachers... I think that made the part of teaming more effective because I think there was more of a trust level for people to say they needed a break or whatever it was.
- I think the familiarity really helped. Familiarity and a history and connection with the family.

- Because the staff knew “clinicians”, they were very, very comfortable with them. It was different with the other CGC clinicians. When they come it’s almost like this whole coming in with a helicopter, they come in, they provide services and then pop out.
- The other factor that worked well here was that a few of us have a decent relationship with the school, so there’s a respect level that’s been built.

Clinicians talked about being more comfortable going into a situation where they know the school and community. In these situations it is a natural process. When clinicians are familiar to the school, staff and students naturally gravitate towards them because they have a prior connection. However, it was felt that there was a big difference in how clinicians are perceived when they were not known by anyone in the school where their presence was requested. Some respondents talked about feeling awkward in these situations.

Things That Didn’t Work Well in the Case Studies Explored

Theme 7 - Nothing Did Not Go Well

Numerous respondents said that they could not think of anything that didn’t go well with the response.

- I mean [the response] was almost flawless.
- I don’t see anything along the line that really stood out or that I can say ‘we should have done this or that’.
- Nothing sticks out in my head right now.
- Frankly I think the whole process went well...very quick communication I think is very important...the willingness of everybody to work as a team.

Most respondents felt that the planning and implementation of the response could not have been handled any better. One respondent attributed the success of the response to good planning and great people involved in the process.

Theme 8 - Reviewing the Crisis Response too Little or too Late

The only common theme noted by several respondents as not working well, was that there was not a sufficient review process that occurred after the response. In some cases clinicians had been told that there would be a review, however this review never happened. In another case, the review occurred months after the incident. This respondent felt that a review several months after the incident was too long to wait. The following views expressed by respondents help highlight this theme.

- [Reviewing is] an important piece that has never happened...we didn't give it, you know, a week or so and then come back and sit down.
- They had talked originally about having a review meeting with the crisis response team...but so far I haven't been called to any sort of meeting.
- I felt like [the review] was too distant from the time the incident happened...Why are you making us wait like a couple months.
- [He/she] said that they were going to have another meeting, and [he/she] hasn't arranged it.

In the situations where respondents felt that the review process was not done, or done ineffectively, there was considerable frustration expressed that

this had not occurred. They expressed the view that it is of great importance to sit down and talk about the incident and the response. The benefits of reviewing the response relate both for purpose of personal debriefing, and as a learning tool for future incidents.

Overall Opinions and Areas of Concern

Theme 9 - There is Appreciation for the Crisis Response Process

The important point to emphasize in this section is that the majority of respondents expressed appreciation for the crisis response process that exists within The Winnipeg School Division. Respondents also indicated that a lot of good work has been done in establishing guidelines for schools to follow.

- I think the division guidelines that we followed were good.
- I think actually in Winnipeg we are in pretty good shape, I think the clinic and some of the school divisions have taken a real active role.
- I think generally there's a good process in place.

In cases where there are concerns or opinions, most respondents limited these concerns to one or two issues about which they felt most passionately.

Some of the themes arising in this section are not so much areas of concern but rather things that respondents find are important to remember.

Theme 10 - Respondents Question the Value of External Clinician's

Involvement

Numerous respondents feel that bringing in clinicians from other schools in times of crisis is generally not a good thing to do. The following quotes show that there is concern about the appropriateness of bringing in someone who is unknown to the school staff and students.

- Even if they're skilled strangers, we know that familiarity is so critical... It seems to be a dependency of the school division here, that more is better or something. I don't think that's the case.
- I think we need to think through this process of parachuting in a handful or a dozen other clinicians, counselors from other places to "help" with the kids there.
- I know staff members were gravitating towards CGC staff that they knew.
- I think when we get clinicians parachuting in we have this need to respond, and sometimes we give more of a response than we need to.
- There were also times where there were too many of us around from CGC looking for work.
- I think a lot of the times that I've been called into external schools, I didn't have much of a role and I didn't really need to be there.

Many clinicians reported that in situations where they've been involved, when external help came in, the extra help was not needed. The other reason this practice was questioned was related to the value of having people work with the school and students who are known over those not known. Although it is felt that the practice of bringing in external clinicians should be reviewed, most

respondents acknowledged that under exceptional circumstances external resources may be necessary.

Theme 11 - The Impact of Crisis Response Work Creates Added Workload and Stress

Numerous respondents expressed that while being available for crisis responses is part of the job, it is nonetheless more time and energy consuming than other parts of being a clinician. The following quotes demonstrate clearly how this is a frustrating reality that clinicians deal with.

- ...If we go parachuting into another school it takes time away from our work and nobody's doing that work for you while you're gone. So you still have all that work to catch up on when you get back.
- On a day where everyone is catching up with paper work, I'm involved in a crisis response, but the next day, I'm supposed to be on the same page as everyone else.
- I don't feel like there's consideration that this is taking up an enormous amount of time and yet I'm still expected to keep up with my other stuff that I have. I feel like there's some expectation that we want you to do this now, we want you to do it well, and immediately its like, 'and don't worry about your other stuff', but then it seems like shortly thereafter, once the crisis is done, then all of sudden someone is on your back saying 'what about your case load'.
- When things like this happen you know they'll take one full, two full, sometimes three full days, and that means time out of your schools... so sometimes there's understanding about that, other times, again maybe where relationships aren't as strong in schools there's this, sometimes it's said, but most times its unsaid, an expectation that you'll pay the time back, and what can you possibly pay them back with... I think the leaders of the Clinic need to make that, this is the way it is, this is our expectation, and this needs to be your expectation too, because it can happen in your school.

As noted above, the stress and extra time involved in these situations takes time away from other areas of their work. One clinician said that after involvement in a crisis response it would be nice to be given a personal day off. Another clinician noted that it would be nice to have someone from central office communicate to other schools where the clinician is at, and inform them why the clinician will not be at their school as normal.

The Process of Personally Debriefing After a Crisis Response

Theme 12 - Clinicians Debrief With People They Work Closest With

Personal debriefing of the response occurs informally through the natural connections already established. Most often this is with other clinicians who were involved in the incident.

- We're here (at the CGC office) less and less time, we work more and more in schools, so a lot of the debriefing takes place in the school because those are the people we spend the most time with.
- We work in teams and I think that team becomes the basis of all our debriefing about everything.
- I'll talk with my fellow clinicians if I need to.
- ...because we have a team process where we often have three or four people involved then I think we're in a better position to do some debriefing just among the people who were there.

A majority of respondents expressed that they felt the process of debriefing was sufficient. It was widely felt that the process of debriefing is an informal process that occurs most naturally in the team setting; all but a few

respondents felt that this was good and that the process should not be formalized. It is, important to note that a couple of respondents would appreciate the development of a formal debriefing process. Also, one respondent felt that going to the ASD for personal debriefing is not always desirable because it might be perceived as showing weakness.

Theme 13 - Sometimes Those Involved in the Response Might be too Close

In working with crisis situations each individual responds to the crises differently. Sometimes there is a particular kind of crisis that is difficult for clinicians to handle, or sometimes there is a personal issue in a clinician's life that makes it difficult to be involved in the crisis response. The following quotes highlight this issue more clearly.

- ...my belief is that the person who, you're emotionally involved, professionally involved, you have to assess what the nature of the relationship is.
- I think for workers in your own community, the impact is great and I would worry about that... When there is a tragedy in their community, it takes it's toll because those individuals who are the community workers.
- I think there's a point where some people are vulnerable...because of other things going on in their life. So I think there is a point where people have to be alerted to that fact of when is too much too much.
- I of course did know her and so it was pretty upsetting for me too...If I feel more emotionally involved it's hard to detach myself and think about other people's emotions when I'm dealing with my own at the same time.

When the person the crisis revolves around is known by the clinician, it may cause an added emotional element to being involved in the crisis response. For this reason, and for the others mentioned, some of the respondents felt that attention needs to be given to the reality that at times, specific clinicians may be too close to the crisis, and therefore should not be involved in the response. Some respondents felt that it is important for clinicians to be given the space they need to process whether or not they should be involved in the response. One respondent said that it doesn't seem like there is an option to opt out of involvement right now.

4.2 Less Common Themes

There were themes that arose that were not as common as the other themes, but were included because it was felt that they could be of potential interest to the stakeholders. The criteria for selecting these themes were that at least three different respondents shared comments related to the theme, and the three respondents comments could not come from the same case. There were four of these themes that emerged from the data.

Theme 1 - There is a Unique Economic/Social Reality of the Inner-City of Winnipeg

Several respondents talked about the significance of the economic and social reality of the students in The Winnipeg School Division. The following statements by respondents highlight the issue that in communities where

violence or death is more common, the reaction to these critical incidents is different than in areas where this is not common.

- Fortunately or unfortunately, again the kids who I was aware of who were friends are a pretty resilient group. This is just another tragedy among tragedies for a lot of these kids.
- There's so many crises, so many more tragedies and the clientele, the families are numb to that kind of tragedy, or so it seems.
- A lot of the kids.... have seen so much, had so much loss that I feel at a loss in terms of what's the appropriate thing to do.

One respondent felt that because of this reality, crisis response plans need to be different from one setting to another. Another clinician wondered why more effort isn't made to hire employees who have the same cultural background as many of the students in the Division. It was felt that if this was done, the needs of the community might be better met.

Theme 2 - Media Presence Causes Added Stress

Several respondents talked about the added stress of having the media around.

- Another thing that was kind of hard was the amount of time the media people took.
- The media were huge in terms of trying to interview the kids. This was making it difficult to do the job that needed to be done.
- Part of the problem that happened was that the media starting showing up.
This is recognized as a larger systemic issue that is very hard to control.

It was also acknowledged that the Division does a good job of limiting the media

presence. However, even in cases where the media presence is controlled effectively, their presence still adds an element of undesired stress.

Theme 3 - It is Important to Connect to Those in Need at the Most Natural Level

The key issue as expressed in the following comments is that every effort should be made to equip those closest to the ones impacted by the crisis with the ability to help. The concern expressed by some respondents is that too often clinicians take over the job of the teachers and/or family members.

- So the people who are closest to the situation are the people that you would most like to be involved because a lot of this should be at a personal level as opposed to a lot of high profile outside experts coming in to address this [the crisis].
- You know 20 years ago, families did all of this on their own, and I think as psychologists and social workers we have to be careful that we don't take over a role that should be a family role, we want to be available to give people the support that they need without taking over, and I think there have been cases where we've been too assertive and have interfered with people.
- I think the teachers and counselors in that school should be the first line of support.
- I think a lot of times we get people responding to critical situations that go powering in and by doing so disempower the people who are there. If we see a teacher who isn't comfortable talking to the classroom, we should say to them 'is there something I can do to help you'? I love to see teachers being the ones to help students.

An example given was that before a clinician takes over the task of meeting with the classroom, all possible methods of helping the teacher feel

comfortable doing this should be made. In essence, some respondents were saying that there is too much emphasis on coming in and helping those in crisis. The emphasis should instead be directed at helping teachers and family members who are closer to the students in need become good caregivers. Only in situations where the teachers or family are not able to provide that support should clinicians be the front line caregivers.

Theme 4 - It is of Great Importance to Have a Personal Plan in Place

While the importance of having an effective plan was explored earlier, respondents continued to reiterate the importance of the planning process. It is a theme that was repeated often and in various contexts during the interviews. The subsequent quotes show how some of the respondents moved beyond the actual school plan and talked about the importance of being personally ready for crisis situations.

- I can't emphasize enough how important it is to have the outline of some kind of an action plan in your mind before you go in. You have to know the general lay out of the land, and you have to have an approach that you're going to go with.
- Be ready in advance, have a plan and be sure that you have your plan at home, because crisis is going to occur on the weekend and you're going to have to be ready to respond...and I do have a list that I have made of the things that need to be done.

It was expressed that crisis situations can occur at any time and thus one must always be prepared and ready to respond. For some clinicians this may be

as simple as having a mental checklist; for others there may be an tangible checklist of things to remember.

4.3 Discussion and Implications

There are two important considerations to remember when viewing the following implications. One is that information was gathered from six cases and twelve respondents. It is from this limited pool of people and cases that there implications are drawn. If six other cases and twelve other respondents were the basis of this research, the findings may have been somewhat different. It is also important to note that these implications do not reflect input gathered from teachers or students. If students and teachers would have been interviewed their comments may have altered some of the present conclusions. With the exception of one ASD and one school administrator these conclusions are thus largely the result of clinicians input and perceptions.

Regardless of these two realities, this research has resulted in data that helps to clarify what the process of crisis response is in The Winnipeg School Division. It has also helped identify some implications for the three key stakeholder groups included in this study. These implications should be considered by these stakeholders as they work to address some of the important questions and issues that emerged from this research.

To reiterate a common finding, it is noted that the process in place is a good process and appreciated by most people who are involved with it. This

sets the context for the remaining implications which are more related to things that could be done to clarify and improve the present process.

The role of the principal in crisis response situations is reported to vary from crisis to crisis. This is based on several factors more fully described in the results: personality, experience, and comfort level with the situation and people involved in the response. A question for further consideration by stakeholders is: does this lack of consistency impact the effectiveness of school crisis response plans? If so, is there anything that can be done to improve the consistency? The answer to these questions may be difficult to clarify. For example, consistency is hard to achieve because of different situations and unique personalities.

The planning that occurs before implementing a response plan is reported to be of key importance. In most cases, respondents reported that this was a piece of the response that worked remarkably well. However, in a few situations, clinicians reported that the planning was limited. As this was deemed one of the most crucial parts of the crisis response in the literature and by respondents in this study, stakeholders may wish to explore how it can be ensured that this very important step occurs in all crisis responses.

Review of the crisis response plan after the incident is reported does not occur all of the time, and when it does occur it sometimes takes place at a much later date. Numerous clinicians mentioned this as a piece in the process that is missing or at least not effectively done. A question for stakeholders to explore is if this step is as important as clinicians believe, how can it be built into the crisis

response plan as part of the protocol? It may be helpful to refer to The Alberta Bereavement and Loss Manual (1992) which details a list of questions to answer after a crisis response. This document was explored more fully in Chapter 2.

The issue of engaging those in need at the most natural level is an important implication that arises from this study. Weinberg (1989) reports that those considered experts should normally work with existing school personnel to equip them with the skills needed for the crisis response work. Some respondents raised questions about the goal of CGC's involvement in crisis situations. Is the goal of CGC's involvement to come in and help those directly in need, or is it to come in and equip teachers and family to be the most direct helper? If the priority is to equip teachers and family to be the direct helper as the literature and some respondents suggest, stakeholders should consider how this can be done more effectively.

Undoubtedly, the most common theme present in this research was the concern raised around sending external clinicians, meaning those not assigned to the school for normal duties, into crisis response situations. The value of this practice was questioned by most respondents. Some clinicians felt, as do Mauk and Gibson (1994), that while external clinicians may be experts in the crisis response field, internal clinicians have extensive information and understanding of the school and people. In light of the response from clinicians and the insights from the literature review, the positive and negative aspects of this practice should be discussed by stakeholders in more detail.

Although external clinicians are not presently called into all crisis response situations, the findings show that bringing external clinicians into these situations should occur only in exceptional circumstances. However, both the literature and clinicians agree that there are times when this practice may need to occur. When it does, it should be reserved only for times when there is no other options.

During the evaluation, respondents noted that being involved in crisis responses takes time away from other work. This issue should also be explored by stakeholders more fully. As clinicians are not involved in the crisis response process on a regular basis, when their involvement is needed, the rest of their workload is affected. There may be things CGC could do to ease the workload in other schools while clinicians are involved in crisis response work. One suggestion by a clinician is to have someone phone the other schools and inform them of the situation. Another suggestion is to be given a day off that would serve as a way to recuperate from the added stress of being involved in the crisis response.

Most clinicians feel they are able to personally debrief after being involved in crisis response situations by utilizing the natural connections of team members when needed. Several clinicians said that they would even be uncomfortable with a mandated formal debriefing process. A few clinicians however, would appreciate formal debriefing. Their responses may indicate some misunderstanding about what services are in place, and how some clinicians perceive these services. While it is acknowledged that most

debriefing occurs informally, CGC also has formal services for debriefing that clinicians are able to access. One of these is the Agency Crisis Response Team, which is made up of clinician peers and two ASD's. There is also an open agreement with the Manitoba Adolescent Treatment Centre (MATC) to provide counseling services, which can be accessed by going through the CGC staff committee. Finally, Employee Assistance Plan (EAP) services are available through the Manitoba Teachers' Society (MTS). While it appears that the agency has a formal debriefing process in place for those who need it, this was not articulated by most of the respondents. This misunderstanding may stem from miscommunication and/or a lack of understanding. Stakeholders should explore whether staff are fully aware of available resources. If they are not aware, this information gap should be addressed.

Several respondents noted that there were times when clinicians should not be involved in crisis responses because of personal reasons, or because they have a close connection to the student or community impacted by the crisis. Further consideration by stakeholders should be given to the question of whether clinicians should be able to decline involvement in the crisis response. If clinicians are able to decline involvement they need to be able to do so and not feel/be judged.

In an effort to continually improve the crisis response services in The Winnipeg School Division, the implications reviewed are important to consider. The findings as presented show where there are issues that could be addressed to make an already good process work even better.

4.4 Utilization of Research

As mentioned earlier, the utilization of information was one of my goals. This means that I have attempted to produce, and will work to present findings in a way that will actually be used. The original intent as developed in the practicum proposal was to be able to present the findings to the stakeholders before the completion of the practicum. However, because I am not able to make the presentation of findings to stakeholders until September when they resume work, I will be unable to complete all of the steps in my plan to enhance utilization until after the practicum report is submitted to the Faculty of Graduate Studies at the University of Manitoba. This is unfortunate because it is best to release the findings as soon as possible after the evaluation is completed (Wholey et al., 1994). This section of the practicum report presents a strategy for utilization which will be completed in September 2003.

There are three different stakeholders to be considered when disseminating the findings. They are the CGC administrative team, The Winnipeg School Division's Research, Planning and Technology Department, and CGC clinicians.

For information to be effectively utilized by the different stakeholders, the way information is reported sometimes needs to be different. Therefore, the report to different stakeholders should be more concise than this final practicum report. This helps in presenting the findings to stakeholders in a way that they

can make sense of the information. Davies (2003) reports that those making decisions prefer short reports and point-form findings to long well referenced reports. Following the guidance of Patton (1990) the stakeholders were consulted about how best to receive information prior to the dissemination of feedback. This resulted in the decision to use both written and oral presentation methods as ways of distributing information.

For information to be utilized the findings presented also must be useful and relevant. It is my belief that the findings as presented in this chapter are useful to stakeholders as they work to increase the effectiveness of crisis response plans.

Report to Area Service Directors

The ASDs will be given a summarized report based on the practicum report. This summary will begin with a short review of the practicum in its entirety; it will then provide the results and implications of the final practicum report. The ASDs will also be given a full copy of the practicum report. Finally, if desired, I will be open to meet with them to discuss the findings in more detail.

Report to Clinicians

CGC Clinicians will be given the same summarized written practicum report as the ASDs. They will also have access to the complete final practicum report if desired.

Presentation to Area Service Directors and Clinicians

Both ASDs and clinicians will be invited to a presentation of the findings in the fall of 2003. The presentation will review the practicum in its entirety and provide a synopsis of the final practicum report. At the outset of the presentation, the practicum process will be outlined in detail to assure the stakeholders that the evaluation was carried out in an ethical and professional manner. Following this, the purpose of the evaluation and the nature of the data collection method will be reviewed. Next, the themes that arose from the analysis will be explored. The presentation will conclude with a discussion about the findings and their implications. The outline of the presentation will be as follows:

- 1) Description of the practicum.
- 2) Overview of the purpose for conducting the evaluation.
- 3) Overview of evaluation design, including data collection instruments, and analysis techniques.
- 4) Summary of findings.
- 5) A review of the implications.
- 6) An opportunity for discussion on the presentation, including its design and limitations.

A more detailed outline of the presentation can be found in Appendix I.

Report to The Winnipeg School Division No. 1's Research, Planning and
Technology Department

The Winnipeg School Division will receive a copy of the final practicum report upon acceptance by the MSW advisory committee.

Chapter 5

Evaluation of Practicum Activities and Learning

This chapter provides a brief summary of the activities that were completed, a discussion about how the student's learning objectives were met and a self evaluation assessment. The final section provides a brief conclusion.

5.1 Summary of Practicum Activities

The initial stages of developing this practicum began with discussions involving CGC administrators. After several meetings and draft proposals CGC agreed to proceed with the evaluation. The CGC staff committee which is made up of clinicians, also approved the proposal. The next stage was to gain approval from The Winnipeg School Division; this occurred in November 2002. I then developed the practicum proposal, which was successfully approved in January 2003. Shortly after this, the proposed data collection methods were approved by the University of Manitoba Ethics Committee. From February to May 2003 I collected data from twelve respondents. After the data was collected and analyzed, I completed the practicum report.

5.2 Assessment of Learning Objectives

My learning objectives for this practicum highlighted in the introductory chapter were:

- 1) To become familiar with the literature related to models of school crisis intervention;
- 2) To expand my knowledge in the area of evaluation research utilization, so as to be more effective at communicating findings;
- 3) To better understand the role of evaluation research in social work practice;
- 4) To increase my knowledge and skill in program evaluation by reviewing related literature and by designing, conducting and writing up the results from a process evaluation; and
- 5) To develop skills related to the dynamics of conducting an evaluation as it relates to the relationship between researcher and respondent.

In reviewing these learning objectives, it is my assessment that the practicum has allowed me to at least partially meet all of the objectives and in some areas exceed them.

The first objective was to become familiar with the literature related to models of school crisis intervention. This was accomplished by doing an extensive literature review on the topic. This allowed me to become familiar with

some of the issues around crisis response plans. For example, it was through the literature review that I learned about the positive and negative aspects of involving external experts. I was however disappointed that I was unable to find literature directly related to the Canadian context as almost all of the literature originated from outside of Canada.

Further to the literature review, I also explored several school division policies in regards to school crisis response plans. This helped to make me more aware of the process of crisis response to critical incidents, and informed me about the dynamics related to crisis response in The Winnipeg School Division.

The second objective was to expand my knowledge in the area of utilization of evaluation research. This occurred through conducting a literature review on the topic. Upon completing the evaluation, the task of developing a plan for presenting and communicating the results in a concise and meaningful way required that I refer back to the literature for guidance. I believe that by using the knowledge I have gained about utilization, I will be able to present a large amount of information in a usable fashion. To do this, I had to consider the needs of different audiences when writing and/or presenting the report.

Unfortunately, while I have made the preparations to present the findings in a usable way, I will not be able to do so until after the completion of this practicum. It is my hope that because of the work that has gone into preparing the presentation of findings, the information presented will have the potential of being utilized.

The third objective was to learn about the role of evaluation research as it relates to social work practice. What I found both through the literature review and through my own experience with this practicum is that research and practice are interconnected. In order to practice social work with a sense of integrity and accountability, it needs to be informed by research. For example, because I had no prior experience, it would not have been appropriate for me to facilitate an evaluation without first conducting a literature review.

The fourth objective involved increasing my understanding and skills about evaluation research in social work practice by reviewing related literature, and by designing, conducting and writing up the results of an evaluation. This objective was met by reviewing literature and through the actual process of facilitating an evaluation. This was the most important goal as it was a “hands-on” part of the practicum. In the process I learned about the method of entering an organization and making sure that everyone involved has “buy-in” and interest in the evaluation process. I learned how to collect information through qualitative research. In short, this objective was met by learning to choose an appropriate research design, methodology and method of collection.

The process of synthesizing a large amount of information into a readable and usable format was difficult, and yet it provided me with an appreciation for the steps involved in qualitative analysis. In this stage of the practicum I was very conscious of the need to keep the integrity of the evaluation in place. As so much of the work is subjective I felt this was a stage in the evaluation process that is very vulnerable to researcher bias.

The analysis stage is also where I began to think about what I would have done differently. In retrospect I wish I would have included a quantitative component to the research. I feel like this would have added to the value of the evaluation. I would have liked to obtain input from more clinicians, and incorporating a quantitative type of survey would have allowed me to do this.

The fifth objective concerns the awareness of the relationship between interviewee and interviewer. Interviewing different types of respondents helped me become more aware of the importance of the interview process and of being able to adapt the way I approached an interview. The ability to adapt became more important to me when early on in the process of data collection, I felt that one of the interviews had not gone as well as I would have liked. By reviewing literature and conferring with my faculty advisor, I was able to learn what I needed to do to adapt my style in future interviews. It also helped me see the value of establishing rapport with the interviewee quickly. I learned to formulate an interview guide based on the protocols set forth in the current literature. I was able to enhance my interview skills throughout the process by reflecting on past interviews. I also learned that the semi-structured interview method allows interviewees to discuss their answers openly and provide a rich context.

Upon reviewing my learning objectives, I believe the practicum served as an effective learning tool, as all five learning objectives were at least partially met. The one area that I feel I did not completely achieve is the area of utilization. However, upon completion of the practicum report defense, I will then have the opportunity to complete the task of disseminating the findings.

Through working to complete these learning objectives and practicum activities, I have increased my knowledge about program evaluation and the crisis response process. I have come to understand that evaluations can be carried out for different purposes. Evaluations should provide useful and accurate information for decision-makers. They should also strive to be understandable, relevant and practical. I have also gained an appreciation for the fact that each situation that calls for an evaluation must have its own design.

5.3 Self-evaluation

The strategies used to assess my work included keeping a journal log, having discussions with my faculty advisor and CGC representatives, and rating my performance using the Utilization Enhancement Checklist.

The process of meeting the objectives of the practicum was a significant undertaking. In order to accomplish this task I needed to constantly evaluate myself. I used a journal log throughout my practicum process to help with this task. Included in the log were notes from interviews, memos noting decisions made during data collection, coding and analysis, and reminders of thoughts and impressions that occurred through the various stages. By looking through my journal log periodically, I was able to see how much time and emphasis I was placing on different parts of the practicum.

Throughout the practicum process my faculty advisor evaluated the quality of my work and the focus of my practicum. This occurred by providing

general guidance and feedback regarding practicum goals and activities. Also, staff and administrators at CGC provided verbal feedback as to the usefulness of the information that will be presented to them.

The Utilization Enhancement Checklist developed by Brown and Branskamp (1980) served as a useful way to evaluate myself. The checklist items are organized into five categories: determining the role of the evaluator; understanding the organizational context; planning the evaluation; conducting the evaluation; and communicating the evaluation information. The checklist includes a series of statements listed in each section which the evaluator uses to rate his/her performance. There are 50 checklist items which are worth 2 points each. The checklist is included in Appendix I. While there are elements to the evaluation checklist that were not relevant to my situation, I believe that those that were relevant have been incorporated into the practicum adequately.

To demonstrate the degree in which the evaluation was successful, what follows is a brief personal reflection on the different categories highlighted in this checklist.

Determining the Role of the Evaluator

I was very committed to conducting this evaluation and had a high level of personal commitment to the objectives of the evaluation. I took steps to ensure that I had the technical skills needed to facilitate this evaluation. The literature review was helpful in this regard. When I had questions or felt I needed help, I consulted with my faculty advisor. I believe I established a sense of credibility and trust with CGC staff and administration. This occurred through numerous

meetings with various members of the organization. Also, I believe my experience with the organization prior to the evaluation was important in being able to establish a good rapport early on.

Understanding the Organization Context

I did not find it difficult to understand the organizational context because I had a field placement in the organization the previous year. If I did have questions, Reid Hartry was always available to answer them. Identifying the key people within CGC, including members of administration and the members of the staff committee, was one of the first things I did. Involving them ensured that I had "buy-in" from the appropriate people. To help better understand the organization, I also utilized information located on the CGC website.

Planning the Evaluation

The work that I did early on was essential to planning and conducting the evaluation. In order to minimize problems during the evaluation, several meetings were held with different stakeholders months before the evaluation began. All staff were made aware, in writing, of the evaluation process and the potential of their involvement. I used feedback from key stakeholders to finalize the evaluation design.

Conducting the Evaluation

As numerous stakeholders had input into the development of this evaluation, I believe the purpose of the evaluation was understood. Data collection instruments were pre-tested to ensure that they collected the intended information. Minor changes were made to the instrument to make it more effective. The only change to the initial evaluation plan was that the case studies used as the basis for the evaluation came from the last two school years instead of only the current school year as initially proposed. This change occurred because of a lack of case studies in the current year from which to draw. Beyond this change, the evaluation was conducted and facilitated as planned.

Communicating the Evaluation Information

Throughout the entire practicum I have placed a lot of emphasis on utilization of information. Respondents were asked to participate in member checking which allowed them to review the results and make suggestions. I have also gathered information from different stakeholders as to what is the best way to receive the findings from the evaluation.

5.4 Conclusion

Through the completion of the activities described in this practicum, I have increased my knowledge about program evaluation, research utilization,

and crisis response plans. I have learned first hand what is involved with facilitating an evaluation, and the importance of working hard to make sure its findings are disseminated in a way that allows them to be utilized effectively. The insights gained about crisis response will continue to benefit me throughout my career.

Program evaluation plays an important role in increasing knowledge and improving overall service delivery of social work programs. It is thus the researcher's hope that insights gained from this evaluation will be valuable in continuing the work of providing effective crisis response services.

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Appendix A
Components of the Crisis Response Plan

COMPONENTS OF THE CRISIS RESPONSE PLAN

Establishment of a School Crisis Team: Who Should be on the Team?

Each school shall establish a Crisis Response Team to be chaired by the **principal**.

It is important that the staff be involved in developing a school plan that will address the individual school's needs.

In addition to the school administrator, the Crisis Response Team may include the following personnel:

- school counsellor(s)
- custodian
- public health nurse
- school secretary
- Child Guidance Clinic personnel (psychologist and/or social worker)
- Workplace Safety and Health representative
- classroom teacher(s)
- others (as designated by the principal).

In the planning stage, the Crisis Response Team may include parent representatives and students (at the secondary level).

Team members volunteer for one year or longer.

The commitment for the team may run from September to September. This allows the team to be functioning before school begins in the fall, in case critical incidents have taken place over the summer.

Role of the Team

The major role of the Crisis Response Team is to ensure that the school has established procedures for responding to various crises and that the procedures are followed.

The team has three major functions:

1. PREVENTION

Preparing the school community for a possible crisis.

2. INTERVENTION

Providing services during the crisis.

3. POSTVENTION

Providing debriefing and support until all is back to normal.

MAJOR TASKS

The major tasks of the Crisis Response Team will include:

- a) developing the plan
- b) developing an emergency signal or codes
- c) collecting information about the tragic event
- d) communicating the information to staff, students, and relevant others
- e) managing the school during a crisis and making scheduling changes as necessary

- f) organizing commemorative actions/ events as appropriate
- g) conducting follow-up activities
- h) annually reviewing and updating the crisis response plan
- i) annually communicating the plan to the entire staff.

Development of the Plan

The first task of the Crisis Response Team is to prepare **in advance** a document which will provide information as to the manner in which the school will respond to a crisis. The key to an effective crisis management plan is structure. When your world is in turmoil, emotions are high and rumours are rampant; the team needs a detailed, sequential plan of action that lets everyone know the team is firmly in charge. A crisis plan has to be simple, concise and flexible.

Organization of the Plan

(Adapted with permission from: Developing Protocols: Plans of Action to Help Schools Deal with Death and Dying by Sandra S. Fox, The Good Grief Program)

This document should include answers to the following questions:

Collection and Communication of Information

1. How will the school collect and verify information on the tragic event?
2. What information does the school need?
3. What information can be provided dependent upon circumstances (e.g., where police were involved).
4. What resources/supports are available within the school?
5. Who is responsible for collecting and communicating information?
6. Who should be informed?
7. How will information be communicated inside and outside the school setting?
8. How will the principal ensure consistency and accuracy of the information to all appropriate people?
9. Who will respond to the media if required?

Management of Crisis

1. How will the school assist and support students and staff as they express and/or deal with their grief? their sadness? their anger?
2. What resources are available, when, and how, for students/staff wanting or needing special help with their grief?
3. How will the school be sure support services are available to all students/staff, not only to those who request them?
4. At what point in the grieving process will parents be notified about their child's apparent difficulties with grief?
5. How will the school be honest with students about the loss and grief that accompany the death of a particular child or adult?
6. What information will be provided to parents and students about funeral/memorial service arrangements?
7. What role will the school assume regarding student attendance at the funeral/memorial service?
8. Which staff members will attend and how will classes be covered?
9. Are there ways in which the school may offer assistance to the family?

Bereavement Responses

1. What formal or informal commemoration is acceptable at the school?
2. Who will be responsible for organization?
3. What role will the family play, if any, in commemorative ceremonies?
4. How will the school help students find an acceptable way to remember the life of someone who has died?

A memorial service is not recommended in case of a suicide.

Follow-Up

1. Who will be responsible for adjusting timetables, seating plans, registers, class lists, computer records?
2. Who will attend to personal property - locker, desks, etc?
3. What type of follow-up activities, discussions, should be organized for students?
4. Who will be responsible for coordinating these activities?
5. How will students and/or staff, who may be particularly vulnerable to emotional stress, be identified?
6. Who will support the supporters?
7. How will the school assess the effectiveness of the procedures in responding to the needs that arose during and after the crisis?
8. How will the school deal with anniversary dates?

Communication of the Plan

Subsequent to the development of the school's Crisis Response Plan, the principal shall provide all staff members (including teachers, Child Guidance Clinic team, itinerants, teacher assistants, clerks, custodians, public health nurses) with:

- a) a copy of the plan including the names of the Crisis Response Team members and specific responsibilities.
- b) a "telephone tree" - identification

of who is responsible to contact various members of staff in the event of a crisis.

- c) a list of staff members who are qualified in CPR, first aid, etc., and the location of all first aid kits in the school.

The crisis response plan should be available in a visible spot in the general office.

Crisis Response Template

Although crisis intervention is reactive in nature, a well defined plan should be the basis upon which activities and strategies are implemented. In an effort to assist schools with developing crisis response plans a template has been developed.

The recommendations appearing in this template are suggested guidelines only to assist your team in dealing with the issues arising before, during and after a crisis. Not every recommendation will apply to every school or every tragic event.

This template should be considered as a sample, schools may wish to develop their own. The template can be duplicated, used and reworded by your crisis team. Part "A" of the template is designed to be used prior to an incident, Part "B" to be used during and after a critical incident. Ideally, this template will evolve over time, incorporating changes needed to reflect your school.

A diskette format of the template has been developed and is found in the front flap of the binder.

Preparedness and Practice

Irrespective of the type of crisis that you may be faced with (violent act, death, natural disaster, loss, suicide, etc.), being prepared and practised is essential. Once your school has completed the crisis response template and the crisis team is formed, here are some additional ways your school can enhance preparedness:

- planned rehearsal of the telephone tree
- entire staff practise drill of an emergency situation

- staff discussion regarding crisis response to hypothetical tragic events
- staff professional development-education, awareness, and skill development
- awareness of available divisional resource materials
- availability of professionally trained staff from the Child Guidance Clinic to assist in 1) prevention, 2) therapeutic supports to students and families, and 3) crisis response

Appendix B
Grief Reactions and Interventions

Grief Reactions and Interventions Differ by Age/Cognitive Development

Early Childhood 3-5 Years

Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none"> • Death is temporary and reversible. • The dead maintain all the qualities of being alive. For example: they see, hear, eat, play and need to keep warm. • There is a magical connection; children conclude that an angry thought or wish may have resulted in the death. • Life is associated with movement and death with lack of movement. 	<ul style="list-style-type: none"> • Children at this age fear loss of love, protection and abandonment. • Fear personification of death, skeletons, ghosts, fear of graveyards, haunted houses, “bad people,” darkness and being alone, Halloween. 	<ul style="list-style-type: none"> • Be reassuring, “Yes _____ was 5 when he/she died, but that doesn’t mean that you will die when you turn 5.” • Reassure them that their caregivers are unlikely to die. • Reassure them they will be looked after. • Talk about what death means and what the dead person can no longer do in terms of bodily functions, feelings and awareness. Don’t push children to understand more than they are ready to understand. Provide simple explanations, but accurate information to their level of understanding. • Address their concerns about the physical comfort of the deceased. • Painting, drawing, stories and other commemorating activities will help students express what they can’t describe verbally.

It may be helpful to reprint this page for staff.

Adapted with permission from: The Vancouver School Board

Middle Childhood 5-9 Years

Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none"> • Many children shift to accepting death as permanent by eight or nine years of age. • Children at this stage are still magical thinkers in terms of wishes and fears. • Death is an external event. If you're careful and don't do anything wrong, it can be avoided. • Death is remote. • Children at this stage may be very curious about cessation of bodily functions and fascinated with the physical details. • Concepts such as afterlife, universality, or finality of death may still be confusing for some. 	<ul style="list-style-type: none"> • Children at this age are becoming concrete thinkers and fears of death increase as its finality is understood. • They fear abandonment. • Fears may be manifest in regressive behaviours. 	<ul style="list-style-type: none"> • If children inquire, give biological details such as absence of pulse, breathing and cessation of other bodily functions. • Relate this death to previous death experiences such as the death of a class pet or a grandparent. • Reassure students that they did not cause the death by their thoughts or actions, nor was it a punishment for them or for the dead person. • Clarify confusing concepts such as life after death, finality, or universality of death while maintaining respect for a variety of beliefs. • Reassure children that they will be looked after and accept that their level of concept and understanding is a concrete view.

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Late Childhood 10 Years and Up

Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none"> • Children at this stage are ready and able to understand as much about death as adults are able to tell. • They are becoming more aware of the effect of death on others. • Generally, children at this stage are in transition from concrete to abstract thinking, so they may see death as part of the continuum of life, although they may still perceive it as painful and frightening. They may try to cover up feelings and fears. • They are developing their independence from parents but are not yet fully established individuals. 	<ul style="list-style-type: none"> • These children become anxious about their own mortality. • They are concerned with their own security and about the impact death has on others. • Concerns may be manifest in regressive behaviours, acting-out, withdrawal or endless questions. 	<ul style="list-style-type: none"> • Be reassuring. • Be respectful of their questions and desire for accuracy. • Teach it is normal to feel sad, angry or lonely. • Share that it is all right to cry openly and talk about death.

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Grief Reactions and Interventions Differ by Age/Cognitive Development

Adolescents

Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none"> • Adolescents start to examine the meaning of life and death. • They may question our social customs or rituals and are concerned about how others react. • They may glorify an event or person. • Death is an aberration which may cause feelings about injustice. • They may avoid any typical adult signs of mourning such as crying. • Their energy can appear to come in great spurts and their responses can be unpredictable. 	<ul style="list-style-type: none"> • Adolescents experience both anxiety and denial about their own mortality, "It can't happen to me!" • An initial reaction to the death of a teacher may be anxiety about goals interfered with. 	<ul style="list-style-type: none"> • Help students to recognize the signs of grief. • Allow them to express their grief as they see fit, even if it seems inappropriate to adults. • Student should be encouraged to get adequate rest and food in order to cope with the stress of loss. • Encourage them to stay involved in normal activities.

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Grief Reactions and Interventions Differ by Age/Cognitive Development

Adults

Common Beliefs of this Age Group	Fears	Suggested Intervention
<ul style="list-style-type: none"> • Variety of grief responses is mostly due to how previous losses have or have not been resolved. • Although adult cognition allows an older person to reason abstractly, the degree to which personal support systems (i.e. friends, family, religion, etc.) are firmly in place can determine the nature of their grief. • Some people are more vulnerable to the effects of death particularly those who have experienced loss, relocation, death, war, or natural disaster. 	<ul style="list-style-type: none"> • Perceived need to remain “in control” often causes adults to circumvent the natural grief process. • Potentially unhealthy responses include such behaviours as: <ul style="list-style-type: none"> • over-activity • avoidance of grieving • indecisiveness • suppression of all feelings • development of the deceased’s symptoms • increased isolation • increased frequency of real physical disease • self defeating behaviour • depression 	<ul style="list-style-type: none"> • Create environment that is supportive and caring of others. • Colleagues should be watchful of severe grief-response and share concerns with the Crisis Response Team or administrator. • Ensure those people deeply affected are receiving appropriate support. • Encourage adequate rest and food in order to cope with the stress of a loss.

It may be helpful to reprint this page for staff.

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Appendix C
Conducting Group Intervention

Guidelines for Conducting Group Intervention / Debriefing

When a death or tragic event affects an entire group of students, such as a classroom, effective intervention can be provided in a group situation. Group intervention, also known as debriefing, is basically structured group discussion. The purpose is to develop understanding and increase feelings of personal control among students, while maintaining group cohesiveness. While group interventions vary depending on the group and situation, they follow five sequential steps.

1) Introduction:

The introduction sets the tone for the session. Talking about death/tragic events is difficult, and the group needs to feel secure and respected. The leader needs to complete the following:

- a) the reason for the group (e.g. death of a student/teacher),
- b) expectations in terms of the format and sequence of events in the group, and
- c) outline the rules for group participation.

General rules may include the following: confidentiality - "what's said in here stays in here", non-judgmental listening - "no put downs", opportunity to express verbal feelings or not to share, no interrupting, and to speak only for yourself. If the group intervention occurs in a classroom setting, often it is helpful to have the students sit in a circle. In some situations, it may be necessary for the school to set up an additional room, specifically designated for group intervention.

2) Facts:

The next step is for the group to understand the facts, and realize that they are not alone in this experience. In order to decrease the compounding effect of any rumours and alleviate any misconceptions, the School Crisis Team often provides a fact sheet/script for the leader. The leader needs to complete the following:

- a) allow students to explore and reach agreement on the facts,
- b) allow each student several oppor-

tunities to describe the death/tragic event from their own perspective, and

- c) guide discussion so that the students realize that they were similarly affected and have a shared perspective.

3) Feelings:

Once the facts have been established, the students are encouraged to explore their feelings in a supportive context. The leader needs to complete the following:

- a) allow each student several opportunities to share or not share their feelings about the death,
- b) begin with feelings they experienced when they heard of the death/tragic event, and move to what feelings they have right now,
- c) remind the group that it is their job to listen in a supportive and caring manner.

4) Teaching:

It is important for the group to learn that it is normal to experience differing emotions, and that their own personal experiences/feelings are also normal. The leader needs to complete the following:

- a) provide information regarding normal reactions to the death/tragic event, and anticipated reactions later,
- b) validate personal experiences, and
- c) provide information regarding further personal counselling supports and how to obtain them (e.g. avail-

able crisis counsellors, the school psychologist, guidance counsellor, and a specific designated area for individualized supports etc.).

5) Closure:

Group interventions can be a very powerful and affirming experience for participants. The leader needs to complete the following:

- a) allow each student to summarize or make final comments,
- b) in conjunction with the group, develop a plan of action for the class in order to regain a feeling of at least partial control over fate (see section on Suggestions for Class-

room Activities),

- c) offer the possibility of further discussion at a later date on an individual or group basis,
- d) if a school letter is being sent home to inform the parents/guardians concerning the death, tell students that it is being written, and
- e) try to resume some form of normal routine at the end of the session/day. While most of the group will likely be able to resume some form of normal routine, it is essential that the leader identify any group participant that may require more intensive supports to the crisis team for further follow-up.

Schools may wish to provide a copy of this outline to group leaders.

(From Trauma in the Lives of Children by Kendall Johnson, Alameda, CA: Hunter House, ©1989, used by permission of the publisher. Retail price \$19.95. To order call (800) 266-5592 or write to PO Box 2914, Alameda CA 94501, USA, fax (510) 865-4295.

Suggestions for Classroom Activities After a Loss

- Classroom discussion
- Writing a eulogy
- Designing a yearbook page commemorating the deceased
- Honouring the deceased by collecting memorabilia for the trophy cabinet
- Writing stories about the victim or the incident
- Drawing pictures of the incident
- Debating controversial issues
- Investigating laws governing similar incidents
- Creating a sculpture
- Creating a class banner in memoriam
- Building a fitness course, a sign for the school, or a bulletin board in memory
- Discussing ways to cope with traumatic situations
- Discussing the stages of grief
- Conducting a mock trial if laws were broken
- Starting a new school activity such as SADD unit if a child was killed by a drunk driver
- Encouraging students to keep a journal of events and of their reactions, especially in an ongoing situation
- Placing a collection box in the class for notes to the family
- Urging students to write the things they wish they could have said to the deceased
- Practicing and composing a song in memory of the deceased
- Discussing alternatives for coping with depression, if suicide is involved
- Analyzing why people take drugs and suggesting ways to help abusers, if substance abuse related
- Writing a reaction paper
- Writing a “where I was when it happened” report
- Discussing historical precedents about issues related to crisis
- Reading to the class (see Bibliography of Resource Materials page 123)
- Encouraging mutual support
- Discussing and preparing children for funeral (what to expect, people’s reactions, what to do, what to say)
- Directing energy to creative pursuits, physical exercise, or verbal expression when anger arises
- Creating a class story relevant to the issue

Appendix D
Dealing With the Media

Quick Tips For Dealing with the Media

When a crisis strikes, the media will likely come calling. Many media outlets listen to police and ambulance scanners and reporters have been known to arrive on the scene before emergency crews.

Should an emergency arise and the media call or come to your school, remember you are not alone.

Right after the principal or the person in charge of the school calls the district superintendent, he or she should call the **Division information officer 789-0412**. The information officer will be able to give advice over the phone and may go to the school to help deal with the media on-site.

When a crisis strikes, the way it is handled and subsequently reported can make an organization look well prepared and capable — or the complete opposite.

During a crisis, the media can help to get your message across that all is under control, show the Division is well-prepared to deal with crisis and help relay important, time-sensitive messages to parents and other key players.

Here are a few guidelines to consider when an emergency strikes.

1.

One spokesperson should be designated to deal with media: most often this should be the principal. However, if the crisis warrants, the principal should deal with the hands-on of the crisis, while another spokesperson should be named—likely the district superintendent or chief superintendent. This spokesperson should stay on-site during the initial phase of the crisis to deal with media and update media as new information becomes available.

2.

Staff and students should be informed immediately who is the spokesperson. They should be advised that all media inquiries should be referred to the spokesperson.

3.

The spokesperson's top priority during the crisis is to communicate with the media and must be kept informed of all new developments. As new information comes to light, the spokesperson should update the media.

4.

The secretary or receptionist should be advised to take messages and not to make comments to the media. The messages taken should include the journalists' names, the media outlets they represent, their phone numbers and briefly what they want and when they need it. Have the secretary or receptionist tell the reporters the messages will be given to the spokesperson right away. This person should then be sure all messages are delivered to the spokesperson immediately.

5.

In many cases it is advisable to prepare a written statement for media. (See samples on page 127.) After the statement is read, reporters will have more questions and the spokesperson must be prepared.

The spokesperson should:

- Prepare for interviews by gathering as many facts about the event as possible. He or she should explore with the information officer what questions may be asked. Answers should be formulated. The spokesperson should know what information should be relayed to journalists, even if they do not ask. A statement such as, "One thing you may want to know before we end this interview is that..." The spokesperson should have some point form notes in hand with three to five points he or she wishes to get across to media. **The spokesperson should use all media opportunities to reassure that things are under control.**
- Cooperate, cooperate and cooperate. If the spokesperson does not give journalists answers, they will seek them out from other sources, who may be very willing to talk, but know little about what actually happened—and who may blame the school or school division. When schools refuse to talk to the media, they will still do the story, but it may not reflect what division staff know happened.
- Keep a list of reporters he or she has granted interviews, the media outlet they represent and approximately what was said. (If the spokesperson needs help with this while the crisis is at its peak, someone should be designated to help. Remember crisis usually only last for a short period.) Please see page 126 for a form.
- Give media updates as new information is received.
- If he or she does not know the answer to a question asked by the media, he/she should say so, and offer to get the information to the journalist as soon as possible.
- Know what information can and cannot be released — if unsure, the district superintendent and/or information officer can help.
- Identify a suitable area for meeting the media. Treat media as guests. Have someone escort them to the meeting area and then walk them to the door. *Do not allow media to wander around the school unescorted.* Be friendly and courteous, but be aware the interview starts as soon as you start talking, even if a camera, tape recorder or notebook is not in sight. *Assume all dealings with the media are on the record.*
- Be honest with the media. Never lie. If information cannot be released, he or she should say that. "I am sorry we cannot release the names of the students involved in this incident." "This matter is under police investigation and we refer you to the police for the answer to that question." "We can't release that information, but we can tell you that ..."

6.

When an incident happens, it is a good idea to contact the president or chair of the parent advisory council. In many cases, he or she may speak to the media on behalf of the school's parents. It may be advisable to ask the information officer and/or spokesperson to brief the individual before speaking to the media.

7.

The media may ask to speak to students. Schools may decline this request. As always, students under 18 years of age require permission of parents. Legally, media may interview students while both media and students are on public property, i.e. outside of school grounds. Administrators have no jurisdiction asking media not to interview students on their way to and from school.

8.

Someone should be assigned to monitor media — TV, radio and print. If something is reported incorrectly, steps should be taken to quickly, but diplomatically provide the correct information.

9.

Some common questions the spokesperson may be asked.

- What happened?
- What did you do?
- What should you have done? (This is a tricky question. Don't speculate.)
- Why did this happen?
- Who is to blame?
- Has this ever happened before? If so when?
- Can we speak to the involved staff, parents, students?

Some things you can't tell media.

- The names of students accused of crimes.

- Anything that would identify students accused of crimes or possible victims.
- General information about students may be given: a five-year-old boy, a Grade 7 girl.

10.

- If police are involved in an investigation, then comments to media should be that it is under investigation and the school or school division is unable to comment on the investigation. The police may comment. The Division spokesperson can, however, give other details. It is advisable for the spokesperson to speak with the police to ensure what information can and cannot be released.

11.

Quick tips for dealing with the media during a crisis situation.

- Deal in a calm manner at all times.
- Respond to all media promptly.
- Give accurate information only. Do not speculate.
- Do not speak for other organizations or people. Do not lay blame!
- Use everyday language.
- Keep your own staff informed. They should not have to rely on media for information.
- Keep a media log.
- Never say "no comment," instead say something such as: "I can't share that information right now."
- Do not give "off the record" statements.
- Watch what you say, even quietly, to others when media are close by. (Today's technology allows reporters to pick up even faint voices, and whatever a journalist hears can be reported.)

Media Record

Date of Interview: _____

Interview in regard to: _____

Type of interview: phone _____

in-person _____

Name of Division employee interviewed: _____

Name of Journalist: _____

Media Outlet Represented: _____

Phone No.: _____

Fax No.: _____

Printed information given to journalist, if any (reports, pamphlets, etc.) (attach copies if desired):

At the end of this interview, the following must be sent or given to journalist:

Synopsis of what Division employee said during interview:

The completed media record form should be kept on file for future reference.

Appendix E
Introduction Letter

February 7, 2003

To: CGC Clinicians

From: Randy Grieser, Master of Social Work Student, University of
Manitoba

Re: Research project - A School Crisis Response Study

The intent of this letter is to introduce a research project that will be conducted at the Child Guidance Clinic (CGC), and to inform you that your participation in this study may be requested.

The purpose of this research is to study the process that CGC is involved in during crisis responses. More specifically, the objectives of this research are threefold. One is to confirm what is working well. Second is to determine what, if any, are the limitations of the crisis response process. Third, if there are limitations, to gather input from those interviewed about what these limitations are and how they might be addressed.

Data will be gathered from four to seven different critical incidences (e.g., school violence, untimely death of student or staff from car accident, suicide, terminal illness, etc.), that have occurred or will occur during the 2002-2003 school year. When CGC is called in to assist the school in crisis intervention, the Area Service Director (ASD) of that school will notify me. The ASD will then inform clinicians who are involved in the crisis intervention that I will be calling to ask them to participate in this study (participation is optional). If permission from clinicians is granted, I will arrange a convenient time and place to interview them. If clinicians choose not to participate, this will not be reported back to CGC administration.

The data gathering method to be used will be semi-structured interviews. The interviews will be between 60-90 minutes in length. These interviews will occur between the months of February and April, 2003. All interview notes and tapes will be stored in a locked file cabinet and destroyed upon completion of my report. Only summary form information from all participants will be presented in the final paper. Your name and the name of the school will not appear in the final report. Upon completion of this study you will receive feedback about the findings.

Your participation in this study will give CGC administrators feedback that will benefit the organizations continued effort to provide effective responses to the unfortunate crises that occur in The Winnipeg School Division No. 1. If requested, your participation in this study would be greatly appreciated.

Appendix F
Consent Form

Informed Consent - Interview Participants

Dear Participant:

This consent form, a copy of which will be given to you for your records, provides you with information about the research as well as the purpose of your involvement. If you have questions about any of following points, please feel free to ask. If at some later point you have questions please contact me at 453-0231 or randygrieser@hotmail.com.

I am a graduate student in Social Work at the University of Manitoba. This research serve as a partial fulfillment of the requirements for the degree of Master of Social Work. The research is being conducted under the guidance of my faculty advisor, Dr. Brad McKenzie.

I am studying the process of crisis response in critical incident situations. For this study I am interviewing CGC clinicians, CGC Area Service Directors and school administrators who are involved in these responses. As the study is exploratory and concerned with what works and why, the design is qualitative and I will use interviews to gather data.

- I. The interview will last approximately 60-90 minutes. With your permission a tape recorder will be used. Notes will also be taken.
- II. The information you provide in the interview will be held in confidence. I will know your identity but no one else will. Your name and the name of the school will not appear in the final report. All information from the interview will be stored in a locked file cabinet and destroyed at the end of this study. I will be the only one that has access to this material.
- III. Only summary form information from all participants will be presented in the final paper.
- IV. While the potential for harm, discomfort or stress as a participant in this study is minimal, it is possible that you may experience some level of emotional stress.
- V. Findings from this study will be made available to you upon conclusion of the study.
- VI. This study has been approved by the University of Manitoba Joint Faculty Research Ethics Board. Any complaints may be reported to

the Human Ethics Secretariat (204-474-7122) or to the Dean of Social Work (204-474-9869).

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. You are free to withdraw from the interview at any time and / or refrain from answering questions you prefer to omit without prejudice or consequence.

Participant Signature

Date

Randy Grieser
Master of Social Work Student
University of Manitoba

Date

Appendix G
Interview Guide

1. Begin with introductions and consent form.
 - a) Review consent form and outline the purpose of study, assurance of confidentiality and use of results.
 - b) Who has endorsed this research: The Winnipeg School Division No. 1, CGC Administration, CGC staff committee, and the University of Manitoba Joint Faculty Research Ethics Board.

2. What was the nature of your involvement in this crisis response? Please describe in detail from beginning to end.

SUPPLEMENTARY QUESTIONS:

- a) What happened that your involvement was needed?
- b) How long was it between the time you knew about the crisis, to the time you were involved with the crisis?
- c) How did you find out about the crisis? From who?
- d) What was the response plan?
- e) If this is not the school you work with - how did you feel about coming into the school and not knowing the other key members of the crisis response team?
- f) Was there an acceptance of your presence and what your role was?
- g) How would you describe the impact of this critical incident - in terms of how it affected others: family and friends; family, friends and school; family, friends, school and larger community?
- h) Who was involved in the crisis response? Where there teachers, other CGC clinicians, etc.

3. From your perspective, what do you feel worked well in this crisis response?

SUPPLEMENTARY QUESTION:

- a) What parts of the response and process were handled effectively?
- b) Why did it go well?

4. From your perspective, what do you think, if anything, did not go well in this crisis response?

SUPPLEMENTARY QUESTIONS:

- a) Was the directive of what your role was clear?
- b) Were there any communication breakdowns?
- c) Did you experience any problems?

5. Can you talk about how the experience you've been talking about compares to past crisis responses with which you have been involved - how were they similar or different?

SUPPLEMENTARY QUESTIONS:

- a) How many crisis responses have you been a part of the last 2 school years?
- b) How does your role differ from case to case? Please describe these differences.
- c) How does the role of the principal change from incident to incident?

6. What is your opinion about how the crisis response process could be different? Please connect any suggestions to there relations with different structures - i.e. CGC, The Winnipeg School Division No. 1, and larger systemic forces.

SUPPLEMENTARY QUESTIONS:

- a) What are your suggestions about the crisis response process?
- b) What adjustments could be made that would make your involvement more effective?
- c) If there are problems, how could they be solved?

7. I want to move into a different area. These sort of incidents can sometimes have an impact on the helper. If ever needed, can you talk about how you are able to debrief after being involved in a crisis response.

SUPPLEMENTARY QUESTIONS:

- a) Do you debrief with your ASD? Is that helpful?
- b) Do you feel like there is an agency process in place for you to debrief? If so, how effective is this process and do you use it?
- c) If there are limitations to the process - what is your opinion about how debriefing should happen?

8. Is there any thing else you'd like to tell me?

9. How would it be helpful for you to receive feedback about the results of this research?

a) Do you see the results of this being helpful?

b) What could be most helpful about it?

note: you will be able to be part of a member-check process.

Appendix H
Verification Checklist

from: (Stake, 1995, p. 131).

1. Is the report easy to read?
2. Does it fit together, each sentence contributing to the whole?
3. Does the report have a conceptual structure (i.e., themes or issues?)
4. Are its issues developed in a serious and scholarly way?
5. Is the case adequately defined?
6. Is there a sense of story to the presentation?
7. Is the reader provided some vicarious experience?
8. Have quotations been used effectively?
9. Are headings, figures artifacts appendixes, and indexes used effectively?
10. Was it edited well, then again with a last-minute polish?
11. Has the writer made sound assertions, neither over-nor under-interpreting?
12. Has adequate attention been paid to various contexts?
13. Were sufficient raw data presented?
14. Were data sources well chosen and in sufficient number?
15. Do observations and interpretations appear to have been triangulated?
16. Is the role and point of view of the researcher nicely apparent?
17. Is the nature of the intended audience apparent?
18. Is empathy shown for all sides?
19. Are personal intentions examined?
20. Does it appear that individuals were put at risk?

Appendix I
Presentation of Findings

Presentation of Findings

Description of the Practicum.

- a. Exploratory qualitative research design to explore the Child Guidance Clinic's role in crisis response plans.
- b. A multiple case study approach using interviews with key informants who were involved in crisis response plans in The Winnipeg School Division was used.
- c. A total of 12 different respondents involved in 6 different cases were interviewed.
- d. The practicum included the design and development of the research plan, the implementation of the plan, the analysis of findings, and the development of a strategy for utilization of findings.

Overview of the Purpose for Conducting the Evaluation

- a. Purpose was to study the process of crisis response that that the Child Guidance Clinic is involved with.
- b. More research was needed in order to gain an understanding as to the effectiveness, value and possible limitations of the role CGC has in The Winnipeg School Division school crisis response plans
- c. This research was a confidential way in which clinicians can share opinions about their role in crises
- d. Questions used as a starting point to implementing this evaluation
 - In the role CGC clinicians have when involved with a school crisis response plan, what works well?
 - In the role CGC clinicians have when involved with a school crisis response plan, what doesn't work well?
 - What suggestions do clinicians have about how to improve the effectiveness of CGC's role in crisis response plans?

- How do clinicians debrief about any personal feelings after participating in a school crisis response, and is it adequate?

Overview of Evaluation Design, Including Data Collection Instruments, and Analysis Techniques.

- a. Qualitative evaluation design was selected because this research was exploratory and concerned questions about what happens and why
- b. Interview method of data collection. This allowed me the flexibility to attain quality information by being able to ask probing questions. Interview guide questions centered around the questions just identified.
- c. Pre-test of the interview guide was done and minor adaptations made.
- d. Data was then transcribed
- e. First-Level Coding - meaning units were identified. Meaning units are pieces of information that are considered meaningful by themselves. This resulted in a creation of thematic categories.
- f. Second-Level Coding - involved interpreting the meaning of the meaning units in the categories. This led to the development of the findings.

Summary of Findings

- a. Use Chapter 4 of practicum report as guide.

A Review of the Implications

- a. Use Chapter 4 of practicum report as guide.

An Opportunity for Discussion on the Presentation, Including its Design and Limitations

Appendix J
Utilization Enhancement Checklist

(From Brown, R. Braskamp, L. Summary: Common themes and a checklist. In L. Braskamp & R. Brown (Eds.), Utilization of evaluative information. San Francisco: Jossey-Bass. 1980.)

Directions: There are fifty items listed below which focus on self-analysis, understanding the organizational context, planning and evaluation, the evaluation process, and communication. You may wish to rephrase some of the items to fit your particular situation or to add items. The checklist can serve as a guideline as you conduct an evaluation or as a self-examination after you complete an evaluation. To serve these multiple purposes, all items are written in the present tense.

Determining the Evaluator's Role

1. Assess level of personal congruence with the program's general goals and consider withdrawing if the incongruity may result in unnecessary conflicts.
2. Determine extent of personal commitment to the importance of conducting an evaluation of this program.
3. Analyze degree to which personal values and opinions about the program are publicly advocated by the evaluator.
4. Determine appropriate share of the responsibility for utilization.
5. Specify activities related to an educational role as well as a data-gathering, information-providing role.
6. Make sure that consulting skills are sufficient to meet the demands and complexities of the evaluation for the program.
7. Ensure that sufficient technical skills, time resources, and personnel are available to conduct a utilization-focused evaluation.
8. Establish congruence between personal role perception (data-gatherer, consultant, expert, recommender, change agent) and audience expectations.
9. Determine willingness to spend time with program staff in activities that are not directly related to the evaluation (for instance, informal lunches).

10. Establish a sense of credibility and trust with the program director, staff, and other audiences.

Understanding the Organizational Context

1. Obtain and study the organizational chart.
2. Identify the names of key people within and outside the organization.
- 3.
4. Identify the decision-makers and potential users of evaluation information within and outside the organization.
5. Understand the policy-making process of the organization.
6. Determine which decisions and policies are made as a result of the evaluation.
7. Know when decisions are made.
8. Determine which staff and other users should be consulted as the evaluation is planned and conducted.
9. Determine whether the sponsor of the evaluation is committed to the evaluation activity and uses evaluative information.
10. Determine the information sources and channels within the organization.
11. Trace the path and impact of previous evaluations in the same setting and determine how this affects this evaluation.

Planning the Evaluation

1. Make sure there is clear understanding of the evaluation role (that is, formative or summative).
2. Set up specific sessions in which the evaluation plan and its implementations are discussed with key persons.
3. Assess the implications of decisions based on the evaluation that affect personnel.
4. Assess the political implications of various evaluation findings.

5. Determine the likely sources of resistance to positive evaluation results.
6. Determine the likely sources of resistance to negative evaluation results.
7. Determine the freedom to provide evaluative information to various audiences.
8. Determine strategies for dealing with potential conflict and tension between program director/staff and evaluator.
9. Design an evaluation plan that will have technical credibility and provide needed information.
10. Establish a mutual problem-solving approach with the personnel and decision-makers.

Conducting the Evaluation

1. Make sure that everyone understands the purpose of the evaluation.
2. Involve key personnel in determining the purposes, issues, and general evaluation strategies.
3. Involve representatives of potentially affected groups in making decisions about instrumentation and data sources.
4. Be accessible to program staff during the evaluation to learn of and share perspectives from which each is interpreting the information.
5. Collect data from multiple sources.
6. Make sure the data collection instruments and procedures are understandable and relevant.
7. Have informal as well as formal meetings with key persons.
8. Maintain a mutual problem-solving relationship with staff and administrators throughout the evaluation.
9. Collect information needed, but only that.

10. Adapt the evaluation plan to meet changing information needs.

Communicating the Evaluative Information

1. Make periodic informal reports or presentations.
2. Ask program staff, especially those most affected, to assist in interpreting the findings.
3. Communicate major findings when available and considered appropriate; do not wait for the formal report deadlines.
4. Share rough drafts or preliminary thoughts with key persons before making a final presentation.
5. Write different reports for different audiences.
6. Make presentations understandable and easy to follow.
7. Link presentation to key issues and decisions.
8. Make sure that all audiences receive the evaluative information in sufficient time prior to key decision-making events.
9. Keep written reports brief.
10. Use several media (slides, charts) when making formal presentations.

Score Interpretation. Here are some rough guidelines for interpreting the results of your analysis. Allow two points for each question answered positively.

25 or less

Don't expect too much to happen as a result of your efforts. Most likely your information will be ignored or gather dust on a shelf somewhere.

26-50

You may be called back later to do another evaluation, but don't count on it. Perhaps you might get a publication from your efforts, but the world won't change.

51-75

Somebody may actually do something different as a result of the evaluation, especially if it reinforces what they were already thinking.

76-100

Be careful! You may be so effective that someone may have you earmarked to be an administrator, even though you have no desire to be one.